Andhra Pradesh Legislative Assembly Debates
OFFICIAL REPORT
Part II — Proceedings other than Questions and Answers

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Budget for the year 1960-61—Voting of Demands for Grants

Demand No XVIII — Medical —Rs 4,33,01,000  
Demand No. XIX — Public Health—Rs 3,06,94,500 } 442-527  
— Passed

Demand No XX — Agriculture—Rs 3,13,92,500  
Demand No XLI — Capital Outlay on Schemes of Agricultural Improvement and Research } 528-547  
—Rs 93,50,000

Note: *at the commencement of the speech denotes confirmation not received in time from the Member.
THE
ANDHRA PRADESH LEGISLATIVE ASSEMBLY
DEBATES
[Part II—Proceedings other than Questions and Answers]
OFFICIAL REPORT

Fifty-third day of the Ninth Session of the
Andhra Pradesh Legislative Assembly

ANDHRA PRADESH LEGISLATIVE ASSEMBLY
Saturday, the 12th March, 1960
The House met at Half Past Eight of the Clock
[Mr. Speaker in the Chair]

QUESTIONS AND ANSWERS
(See Part I)

BUSINESS OF THE HOUSE

(Sri N. Srinivasarao was seen standing)

(Sri N. Srinivasarao was seen standing)
12th March, 1960

Calling Attention to Matters of Urgent Public Importance
re: Marketing facilities to Virginia Tobacco Growers

Mr. Speaker: I am on my legs. Will you please sit down?

Now there is a motion of hon. Sri G. Yellamanda Reddi under Rule 74 calling attention regarding threatened loss to Guntur Tobacco Growers in Guntur district, etc. He may speak for a few minutes.

CALLING ATTENTION TO MATTERS OF URGENT PUBLIC IMPORTANCE

re: Marketing facilities to Virginia Tobacco Growers.
Calling Attention to Matters of Urgent Public Importance 12th March, 1960

re: Marketing facilities to Virginia Tobacco growers

...
 Calling Attention to Matters of Urgent Public Importance
re: Extension of Kavali-Kanapur Canal Scheme

12th March, 1960

re: Extension of Kavali-Kanapur Canal Scheme

In the case of precedent referred to, it has been observed that the release
of water from the reservoir is insufficient to meet the demands of the
irrigation canals. Therefore, it is necessary to extend the Kavali-Kanapur
Canal Scheme to provide adequate water for the irrigation requirements.

Low rung areas have been identified as areas where experts believe
it is possible to extend the canal scheme. A report has been
submitted to the concerned authorities, and it is hoped that
the extension will be approved soon.

This proposal will not only

*Note: The text appears to be in Telugu, but the content is not clearly translatable into English.*
Calling Attention to Matters of Urgent Public Importance
re: Extension of Kavali-Kanpur Canal Scheme

12th March, 1960

...
Calling Attention to Matters of Urgent Public Importance

re: Extension of Kavali-Kanupur Canal Scheme

12th March, 1960

The Hon'ble Commissioner,

Sir,

I have the honour to bring to your notice the matter of urgent importance concerning the extension of the Kavali-Kanupur Canal Scheme. The scheme is vital for the economic development of the area and requires immediate attention.

The proposed extension involves an additional 150 acres of land which will be acquired at a cost of Rs. 120.74 lakhs. This will significantly enhance the irrigation facilities in the region.

I request your kind consideration of this matter and期盼 it to be addressed at the earliest possible convenience.

Yours faithfully,

[Signature]
BUSINESS OF THE HOUSE

Mr. Speaker: We shall close to-day.

The Minister for Public Health (Sri P.V.G. Raju): I am prepared to answer within about 45 minutes to one hour. Even if it is 1.30, we can go on till 2.30. I have no objection. If hon. members are prepared to sit, I am also prepared to sit.

Mr. Speaker: We shall close to-day.
12th March, 1960

BUDGET FOR THE YEAR 1960-61
VOTING OF DEMANDS FOR GRANTS

DEMAND No. XVIII—Medical - Rs. 4,38,01,900

DEMAND No. XIX — Public Health - Rs. 3,06,94,500.

Sri Baswa Maniah : Sir, I beg to move:

To reduce the allotment of Rs. 4,38,01,900 for Medical by Re. 1

For non-opening of hospitals at every circle in the Andhra Pradesh.

To reduce the allotment of Rs. 4,38,01,900 for Medical by Re. 1

For non-supplying of medicines to the Medak district hospitals.

To reduce the allotment of Rs. 4,38,01,900 for Medical by Re. 1

To removing of medical store at Madras from Hyderabad.

To reduce the allotment of Rs. 4,38,01,900 for Medical by Re. 1

To criticise the failure of Government, in not appointing a doctor for Peddapur village hospital since 5 years.

To reduce the allotment of Rs. 4,38,01,900 for Medical by Rs. 100

For not appointing necessary staff at Jogipet maternity hospital.

To reduce the allotment of Rs. 4,38,01,900 for Medical by Rs. 100

For not electrifying the Jogipet Government Hospital.

To reduce the allotment of Rs. 4,38,01,900 for Medical by Re. 1

For not appointing of necessary staff for primary health centre at Pulkal, Andole taluq.
To reduce the allotment of Rs. 4,38,01,900 for Medical by Re. 1

Non-stopping of work for sub-health centre at Mudinaik village, taluq Andole.

To reduce the allotment of Rs. 4,38,01,900 for Medical by Re. 1

For not replying of my registered letter No. 169 dated 9-9-59 to the Director, Medical Department.

To reduce the allotment of Rs. 4,38,01,900 for Medical by Re. 1

For not replying to my letter dated 20-1-60 which was received by the Secretary to Government Medical Department.

To reduce the allotment of Rs. 4,38,01,900 for Medical by Re. 1

For not replying to my letter dated 7-12-59 which has been received by the Health Minister.

To reduce the allotment of Rs. 4,38,01,900 for Medical by Rs. 100

For not opening a T. B. Hospital at every taluq headquarters of Andhra Pradesh.

Mr. Speaker: Motions moved.

Sri P. Rajagopal Naidu: Sir, I beg to move:

To reduce the allotment of Rs. 4,38,01,900 for Medical by Rs. 100

For the failure of the Government in not posting Doctors in all Hospitals.

To reduce the allotment of Rs. 4,38,01,900 for Medical by Rs. 100

For not providing adequate staff in Government Hospitals attached to Medical Colleges.

To reduce the allotment of Rs. 4,38,01,900 for Medical by Rs. 100

For not providing necessary Technical staff and equipment in Medical Colleges.
To reduce the allotment of Rs. 4,38,01,900 for Medical by Rs. 100

For not air-conditioning the operation theatres and children wards.

To reduce the allotment of Rs. 4,38,01,900 for Medical by Rs. 100

To criticise the Government for not providing quarters to Doctors and Nurses at Vizag, Guntur and Kurnool Headquarters Hospitals.

To reduce the allotment of Rs. 4,38,01,900 for Medical by Rs. 100

To criticise the Government for not opening a Hospital at Aragonda.

To reduce the allotment of Rs. 4,38,01,900 for Medical by Rs. 100

To criticise the Government for not increasing the beds in the T. B. Wards in Chittoor Headquarters Hospital and not admitting people other than N.G.Os.

Mr. Speaker : Motions moved.

Sri J. T. Fernandez : Sir, I beg to move:

To reduce the allotment of Rs. 4,38,01,900 for Medical by Rs. 100

To draw attention to the need for improving conditions in Government Hospitals and to protect against the waste of public money on family planning.

Mr. Speaker : Motion moved.

Sri G. Yallamanda Reddy, Sri K. L. Narasimha Rao : Sir, I beg to move:

To reduce the allotment of Rs. 4,38,01,900 for Medical by Rs. 100

Mr. Speaker : Motion moved.
Sri S. Venayya: Sir, I beg to move:

To reduce the allotment of Rs. 4,38,01,900 for Medical by Rs. 100

Mr. Speaker: Motions moved.

Sri G. Nageswara Rao: Sir, I beg to move:

To reduce the allotment of Rs. 4,38,01,900 for Medical by Rs. 100

Mr. Speaker: Motions moved.
Sri K. Ramachandra Reddy : Sir, I beg to move:

To reduce the allotment of Rs. 4,38,01,900 for Medical by Rs. 100

To reduce the allotment of Rs. 4,38,01,900 for Medical by Rs. 100

To reduce the allotment of Rs. 4,38,01,900 for Medical by Rs. 100

Mr. Speaker : Motions moved.

DEMAND No. XIX—Public Health - Rs. 3,06,94,500

Sri Baswa Maniah : Sir, I beg to move:

To reduce the allotment of Rs. 3,06,94,500 for Public Health by Re. 1

To point out that there are no T. B. Hospitals at Taluk Headquarters.

To reduce the allotment of Rs. 3,06,94,500 for Public Health by Re. 1

To point out that there is no staff at all at the Municipal Offices in Telangana to prevent the diseases.

Mr. Speaker : Motions moved.

Sri P. Rajagopal Naidu : Sir I beg to move:

To reduce the allotment of Rs. 3,06,94,500 for Public Health by Rs. 100

For the failure of the officials in arresting the spread of cholera in the villages of Tirupathi in the early stages itself.
To reduce the allotment of Rs. 3,06,94,500 for Public Health by Rs. 100

For the failure of the Government to sanction a scheme of National Rural Water Supply to Bangarupalem Estate in Chittoor District.

To reduce the allotment of Rs. 3,06,94,500 for Public Health by Rs. 100

For the failure of the Government in not providing adequate equipment and medicines in the Primary Health Centres.

To reduce the allotment of Rs. 3,06,94,500 for Public Health by Rs. 100

For not giving good publicity regarding the dangers of contagious diseases.

To reduce the allotment of Rs. 3,06,94,500 for Public Health by Rs. 100

For not providing protected water to all villages in the State.

Mr. Speaker: Motions moved.

Sri S. Vemayya: Sir, I beg to move:

To reduce the allotment of Rs. 3,06,94,500 for Public Health by Rs. 100

...
Mr. Speaker: Motions moved.

Sri K. Ramachandra Reddy: Sir, I beg to move:

To reduce the allotment of Rs. 3,06,94,500 for Public Health by Rs. 100

Mr. Speaker: Motion moved.

M. V. Venkata Reddy: 18 M.L.A. and 7 M.L.C. were selected as information. It is not clear.
“I find that in spite of the impact of western civilization for about two centuries, our country is still lagging behind in the matter of providing adequate medical and public health measures for the population. In some of the countries in Europe, as much as 25% of the total revenue is being expended for the welfare of the people. Likewise, in Japan and other countries in the East also, a very big percentage of the revenue is being spent for the health of the nation. Here, in India, on the other hand, expenditure is not even 10% of the total revenues. In Andhra Pradesh, the percentage of expenditure for the medical relief works out to 5.3% and for public health 3.5 only and this provision is hardly sufficient to rejuvenate a nation whose per capita income is very low and as a consequence the general vitality of the population is at a low ebb compared to the people of other nations. I hope that in the years to come at least in our State of Andhra Pradesh more money will be allotted for the welfare of the people.”
Budget for the Year 1960-61

Voting of Demands for Grants

12th March, 1960

...
Budget for the Year 1960-61
Voting of Damars for Grants

12th March, 1960

Public Health Department
Medical Department

In the Budget Estimates for the year 1960-61, it is proposed to allocate funds for various projects. The Planning Department has made recommendations for the development of the national economy. The Medical Department has also submitted estimates for the purchase of medical equipment.

I hope this allocation will be beneficial to the public health.

I. Hope
Estimates Committee 12th March, 1960 1960-61

Voting of Demands for Grants

Estimates Committee 1960-61 estimates Committee 

Out-patients 1960 1961

<table>
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<tr>
<th>Item</th>
<th>Budget Provision</th>
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<td>3.</td>
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Out-patients 1960 1961

Estimates Committee 1960 1961 estimates Committee

Staff According to, Budget provision 1960 1961.

Voting of Demands for Grants

12th March, 1960
Budgetary provision is small. The number of Out-patients registered is too small compared with the number of in-patients. The establishment cost per patient is far below the actual cost of diet and treatment. Chronic deficiency in finance results in serious staff salary cuts. Estimates Committee provide 800 beds. Budget provision is inadequate. Treatment facilities are insufficient. Out-patients are not given proper treatment. Bed strength, official is 600 beds, provide 12 beds per patient. Actual patients require 800 beds. Bed strength, official is 800 beds per patient. Estimates Committee provide 800 beds.
Bed strength is needed of at least 30 beds. At the moment the hospitals provide beds for 10, which is inadequate. The need is for at least 50 beds. This will increase hospital capacity and improve the standard of care. Estimates Committee met on 12th March, 1960, and are of the opinion that serious action should be taken. Estimates Committees meet on 12th March, and are of the opinion that serious action should be taken. Action should be taken immediately.
Bengal 1960–61 budget 18, 17% provide medical service. 16, 17% provide education. 8% provide railway. 10, 15% research work. 30, 10% private practice. 50, 120 Medical Department receive medical corruption. 100, 120 Medical Commissioner receive medical corruption. 100, 120 Medical Officer receive medical corruption.
consulting practice राजस्थान में हाजिम जिला दरबार. Corruption दिनांक तिलकावली की संख्याकर्ता से यथार्थता. नवीनता C. I. D. Officers ने यह बीमारों के लिए काम किया. लेकिन सिंस में इस department के concrete cases तथा evidence produce है। क्योंकि C. I. D. Officers के लिए evidence produce है। 65 से 70 घंटे में काम किया जाता है। अतः corruption officers ने सभी corruption cases build evidence produce किया है।

“concrete cases में इतनी कमियाँ, सिवंत evidence करे produce है।” यही तथ्य साबित हो रहा है। सिंस से corruption general है। ता तथापि medical officers के

black market के माध्यम से medical officers के fees है। इतने संख्यांक मिलने के साथ transfer है। सिंस में कर दिए गए transfer है। मंदिर में स्थान तथा rationalisation है।

Medical officers के लिए 1000 में बड़ा emoluments है। Medical officers के 1100 में बड़ा emoluments है। Medical officers के 1100 में बड़ा emoluments है। Medical officers के 1100 में बड़ा emoluments है। Medical officers के 1100 में बड़ा emoluments है। Medical officers के 1100 में बड़ा emoluments है। Medical officers के 1100 में बड़ा emoluments है। Medical officers के 1100 में बड़ा emoluments है।
Budget for the Year 1960-61
Voting of Demands for Grants

12th March, 1960

Estimates Committee—Secondary schools for nursing and a subject Compulsory in Intermediate as well as Entrance Examinations. Examinations in such schools may provide nursing profession along with the other subjects. Compulsory in Intermediate as well as Entrance Examinations. Examinations in such schools may provide nursing profession along with the other subjects.


Indian Medical Association in its Quality Department to be established. Lessons to be taught to quacks and unqualified medical practitioners. Indian Medical Association in its Quality Department to be established. Lessons to be taught to quacks and unqualified medical practitioners.
Dr. B. R. Ambedkar, 1960

Restrictions and dietary rules must be relaxed. Medical schools in India have been plagued by a shortage of qualified medical practitioners. Medical Schools should be encouraged to practice "Quantity will convert itself into quality." The medical training should incorporate both theoretical and practical aspects. Medical training should also provide Medical Council examinations. The Medical Council should be advisory. Indian Medical Association should advise the Medical Council. The legal position is unclear. The Indian Medical Association should be consulted. A legal position should be established. Medical training should provide Medical Council examinations. Dietetics should be "Quantity will convert itself into quality." Dietetics should be incorporated into medical training. Medical Council examinations should be conducted. Deccan Chronicle cutting a small-pox epidemic. The Indian Medical Association should be consulted. Epidemics should be addressed. Cholera, small-pox, and other epidemics should be addressed. The Indian Medical Association should be consulted. Epidemics should be addressed.
F. M. F. & M. F. F. 1960-61

The appropriation accounts &mdash; 1960-61 &mdash; have not been discussed. Decided to press for the establishment of the proposed department.

Mr. P. K. C. Reddy: I gave them an assurance.

Mr. J. R. Narayana Reddy: It seems he was not in a position to give an assurance that the Committee will give a decision in their favour.
Mr. Speaker Sir, since I tabled my cut-motion a fortnight ago, I have heard the hon. Minister speak inside this House and outside and I have read his speeches with great interest. In view of the fact that he is making earnest efforts to improve the conditions of medical aid and public health, I am withdrawing my cut-motion.

I have got one point to say. Some occasions take me frequently to the Osmania Hospital and I have reason to believe that there is a great deterioration in the conditions prevailing there. The bed linen is not clean, hospital clothing is not supplied and patients are seen dirty and smelling clothes. There is a deterioration in the food, the X-Ray department needs repairs and replacements, there is scarcity of medicine and a lot of delay in attending to patients. A surprise visit by the hon. Minister will bear out my statements.

One thing which I would like to draw his attention which is affecting the work of efficiency in this hospital is this. There is too much of routine correspondence. The amount of correspondence that has to be attended to, takes away the time at the disposal of the medical
men. An interesting example has come to my notice of the inordinate delay in the office. I received a letter yesterday from the Secretary of Health, Housing and Municipal Administration which is dated 23rd February 1960. It was signed by the Assistant Secretary 7 days after on the 3rd of March and it reached me on the 10th of March and what is more ridiculous is, that these two lines of reply to a letter of mine dated 3rd September 1958, has taken 18 months for the department. Similar delays are occurring elsewhere. That is by the way.

I particularly want to speak a few words on family planning. I happen to be a conscientious objector and condemn birth control which is euphemistically called family planning. It is an unnatural and immoral vice, contrary to laws of God and Nature. I and people of my persuasion abhor the limitations of the family by contraception, chemical, mechanical, and other artificial means. Overpopulation is a myth. It is a theoretical and statistical fallacy. Leroy Beaulieu asserts that the world could triple its population without the slightest danger I do not want to dwell on this longer but would say that if the amounts allotted for family planning clinics were spent on more food production and if the leakage and wastage on food production projects is avoided, it would more than meet the abominable evil of birth control. However since possibly it is the State policy to indulge in family planning activities, I will only ask that Catholic doctors, nurses and staff who have conscientious objection should not be employed in these clinics and also with the propaganda activities and such approaches should not be made to Christians, particularly Catholics so that there will be no intrusion on the impulses and their religious practices. Thank you, Sir.
Budget for the Year 1960-61

Voting of Demands for Grants

12th March, 1960


Budget speeches

G. C. I. M. & L. I. M. have nominated and continue permanent change. Applications change. Medical Minister

rural dispensary
Budget for the Year 1960-61
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12th March, 1960

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12th March, 1960

Budget for the Year 1960-61

Voting of Demands for Grants

இருசமையைக்கானாத வகைகளுக்கு. தொன்முள்ளதுக் கருத்திற்கு பங்கையிட்டது
அதற்கான ஈந்த பாதுகாப்பு தக்க தமிழ்நாடு உள்ளார் அதன்படி
மாற்றம் செய்ய வைத்தது. அந்தப் பாதுகாப்பு பங்கைக்கட்டு ஒன்றை
உருவாக்கும்போது என்னையே தெரியும் வகையில் நேரடியாக காணக்கூடியது
என்று நம்பும் கூறினார். ஆனால் இப்படி பாதுகாப்பு பங்கைக்கட்டு
உருவாக்குதலுக்கு முன்னே இன்றுவர் இவ்வகையில் விளக்கம் செய்ய வேண்டும்.

முதலில் എനാണു സൂചിപ്പിക്കേണ്ടത് എന്തു പ്രായമായ ചെയ്തിരുന്ന
മരിയത്തെ അടയാളം അവസാനമായി ഇത് ഇതിനാൽ മടങ്ങി,
മാലിക് പോലുള്ള പരിശീലനത്തിന്റെ ജാതി സാമ്പത്തിക ഇടപെടുത്തണം
അത് മുക്തവും അനുജനപ്പെട്ടത് ഇന്നാലും വന്ന ഇതിനാൽ ഇതിന്റെ
അവന്ത സസ്തനികൾ എന്തു പ്രായമായ എന്നാൽ പെട്ടെന്നും. 

ആദ്യം ഇതിനു പതിപ്പ് താൻ മാലികിന്റെ പോലുള്ള 
പരിശീലനത്തിന്റെ ജാതി സാമ്പത്തിക ഇടപെടുത്തണം.

Male-nurse എന്ന പദം സൂചിപ്പിക്കേണ്ടത്രെ എന്നാൽ, 
ആദ്യം ഇതിനു പതിപ്പ് താൻ മാലികിന്റെ.

out-patients

चूँकि धारावाही से मांग बढ़ती है, अन्य दवाएं अथवा विशेष out-patients 

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...
Budget for the Year 1960-61  

Voting of Demands for Grants

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...
ruling of demands for grants

...
Voting of Demands for Grants

The meeting was adjourned until the next note 5 0 0 vote
was taken. The minutes were read and approved, and the
meeting adjourned. In the meantime, a letter 6 was
sent to the treasurer, asking for a report of the
amounts received. The treasurer reported that he had
received $1,000 from the bank, and that the money
was now on deposit. The treasurer then presented a
list of demands for grants, and the meeting voted to
approve them. The meeting then adjourned.

Note 5

Mr. Smith moved that the meeting adjourn until the
next note 10, which was taken. The minutes were
read and approved. The treasurer then reported that
he had received $1,000 from the bank, and that the
money was now on deposit. The treasurer then
presented a list of demands for grants, and the
meeting voted to approve them. The meeting then
adjourned.

Note 6

Mr. Smith moved that the meeting adjourn until the
next note 10, which was taken. The minutes were
read and approved. The treasurer then reported that
he had received $1,000 from the bank, and that the
money was now on deposit. The treasurer then
presented a list of demands for grants, and the
meeting voted to approve them. The meeting then
adjourned.

Note 7

Mr. Smith moved that the meeting adjourn until the
next note 10, which was taken. The minutes were
read and approved. The treasurer then reported that
he had received $1,000 from the bank, and that the
money was now on deposit. The treasurer then
presented a list of demands for grants, and the
meeting voted to approve them. The meeting then
adjourned.

Note 8

Mr. Smith moved that the meeting adjourn until the
next note 10, which was taken. The minutes were
read and approved. The treasurer then reported that
he had received $1,000 from the bank, and that the
money was now on deposit. The treasurer then
presented a list of demands for grants, and the
meeting voted to approve them. The meeting then
adjourned.

Note 9

Mr. Smith moved that the meeting adjourn until the
next note 10, which was taken. The minutes were
read and approved. The treasurer then reported that
he had received $1,000 from the bank, and that the
money was now on deposit. The treasurer then
presented a list of demands for grants, and the
meeting voted to approve them. The meeting then
adjourned.

Note 10

Mr. Smith moved that the meeting adjourn until the
next note 10, which was taken. The minutes were
read and approved. The treasurer then reported that
he had received $1,000 from the bank, and that the
money was now on deposit. The treasurer then
presented a list of demands for grants, and the
meeting voted to approve them. The meeting then
adjourned.

Note 11

Mr. Smith moved that the meeting adjourn until the
next note 10, which was taken. The minutes were
read and approved. The treasurer then reported that
he had received $1,000 from the bank, and that the
money was now on deposit. The treasurer then
presented a list of demands for grants, and the
meeting voted to approve them. The meeting then
adjourned.

Note 12

Mr. Smith moved that the meeting adjourn until the
next note 10, which was taken. The minutes were
read and approved. The treasurer then reported that
he had received $1,000 from the bank, and that the
money was now on deposit. The treasurer then
presented a list of demands for grants, and the
meeting voted to approve them. The meeting then
adjourned.

Note 13

Mr. Smith moved that the meeting adjourn until the
next note 10, which was taken. The minutes were
read and approved. The treasurer then reported that
he had received $1,000 from the bank, and that the
money was now on deposit. The treasurer then
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Note 15

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adjourned.
12th March, 1960

Budget for the Year 1960-61

Voting of Demands for Grants

...
1960-61 the provincialise into the protection of indigenous medicine and health services. The Special Officer, Indigenous Medicine, was responsible for the protection of water supply scheme. As he was the provincial representative of the indigenous medicine, he was responsible for the proper functioning of the scheme. The protected water supply scheme was implemented. The scheme was under the supervision of the Special Officer, Indigenous Medicine, who was responsible for the implementation of the scheme. The scheme was implemented under the supervision of the Special Officer, Indigenous Medicine, who was responsible for the proper functioning of the scheme.

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...
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* * *

A. Financial Review (Statement) : It is mentioned that the financial categories are divided into various categories depending on the statistics. While statistics show a decrease of 12% in 1960, the year 1960 shows a decrease of 47%. The main categories of the organization are

1. Organizational set up
2. Scientific effort
3. Malaria Eradication Schemes
4. World Health Organization

Nearly 13% of the people in rural areas die due to this disease. They are the second common cause for the mortality in the Country.
Tuberculosis is one of the greatest killers in India. At the moment five lakhs die every year and more than twenty five lakhs suffer from it. Hospitalization would cost 500 crores of outlay and a remaining annual cost of 80 crores.

The average mortality from this disease has come down from 40 per one lakh at the turn of the century to 25 in the recent years. Still India has the highest rate of incidence of this disease among the countries for which statistics are available.

It is very difficult to make any accurate estimate of the leprosy patients in India and sample surveys revealed that there are about two million patients in the whole country.

Venerial diseases: The incidence of venerial diseases is unknown. The few weeding clinics that are established do not solve the problem.
Budget for the Year 1960-61

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Medical and Public Health Department

A sum of Rs. 14,00,000.00 is allocated for the Medical and Public Health Department. This includes

- Rs. 1,14,00,000.00 for medical treatment
- Rs. 2,38,00,000.00 for public health

The allocation is made under the following heads:

- Rs. 3,30,000.00 for medical treatment
- Rs. 8,33,000.00 for public health

The Ministry of Health, Government of India, have been requested to allocate Rs. 3,14,000.00 for medical treatment and Rs. 2,33,000.00 for public health.

S. S. L. C. pass examinations (various) 8% pass rate 15th day of the month, treatment Rs. 2,38,00,000.00. Medical and Public Health Department Rs. 1,14,00,000.00 for medical treatment, Rs. 2,38,00,000.00 for public health. The Ministry of Health, Government of India, have been requested to allocate Rs. 3,14,000.00 for medical treatment and Rs. 2,33,000.00 for public health.
12th March, 1960

Budget for the Year 1960-61

Voting of Demands for Grants

(Sri P. Narasinga Rao in the Chair)

* * *

The Speaker (Mr. L. A. Reddy) : I am pleased to inform the House that the following amendments have been selected :

1. Amendment proposed by Shri V. K. Prasada Rao.
2. Amendment proposed by Shri C. V. Ramanadacharya.

The amendments will be moved and seconded in the order in which they have been selected, and will be debated for 30 minutes on each amendment.

There are 32 amendments in all, including the demand for grant. The discussion on each demand will be limited to an hour. The House will now proceed to the consideration of the amendments.

(Speech continued.)
Budget for the Year 1960-61

Voting of Demands for Grants

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Voting of Demands for Grants

research introduce రే, తెలియడానికి విశేషాల వాటి ముఖం కలుపు మండలం మరియు వాటి ముఖం విస్తరించడం లేదా introduce తెలియడానికి. research నాణం నాణం అందించండి, వాటి ముఖం విస్తరించడం లేదా research నాణం నాణం అందించండి. research నాణం నాణం అందించండి. research నాణం నాణం అందించండి. research నాణం నాణం అందించండి. research నాణం నాణం అందించండి.
Sri P. V. G. Raju: The hon. Member is making a wrong statement, Sir.
Budget for the Year 1960-61

Voting of Demands for Grants

12th March, 1960

**Medical Course Syllabus**

- **alpathy** is a system of treatment that is based on the use of drugs and other remedies to treat diseases. It is one of the main branches of medicine and is characterized by its systematic approach to diagnosis and treatment of illness. The Medical Course Syllabus covers a range of topics related to **alpathy**, including the study of diseases, their causes, and the use of drugs and other remedies to treat them. Additionally, it includes instruction on **injections** and **emoluments**, which are important aspects of medical work.

Medical Course Syllabus

1. **alpathy**
2. **injections**
3. **emoluments**

The Medical Course Syllabus is designed to provide students with a comprehensive understanding of the principles and practices of **alpathy**, as well as the skills and knowledge needed to pursue a career in medicine. It includes instruction on the use of drugs and other remedies to treat diseases, as well as the study of diseases and their causes. Additionally, it includes instruction on **injections** and **emoluments**, which are important aspects of medical work.
The structure of payment to the satisfaction of the services should be seriously considered and if you fail to tackle in the proper way in the proper place, we will be making a wrong diagnosis and it will be a wasteful thing.
House Surgeons 6th, the Bombay Hospital and the University. The main object of the Medical College is to provide facilities for clinical material and post-graduate studies. The college consists of a hospital and a medical school, where clinical material is handled. The college also provides facilities for foreign students. The college is located in the heart of the city, near to the medical school.

The college is equipped with modern laboratories and study rooms. The faculty consists of experienced doctors and tutors. The college also provides facilities for foreign students.

The college is well-known for its post-graduate studies. The college has produced many successful graduates. The college is one of the best medical colleges in the country.

The college is affiliated with the University of Bombay. The college is recognized by the Government of Maharashtra.

The college is well-equipped with modern facilities. The college has a well-stocked library and a modern hospital. The college is well-connected by road and rail.

The college is also well-known for its research work. The college has produced many successful research papers. The college is a centre of medical research in the country.
Budget for the Year 1960-61

Voting of Demands for Grants

12th March, 1960

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The document contains a list of demands for grants for the year 1960-61, including:

- Supply certificates and registration certificates
- Subsidies
- Health Department
- Golden medals
- Articles
- House
- Whole time
- Literary field

The text is a summary of the voting of demands for grants.
Budget for the Year 1960-61
Voting of Demands for Grants

12th March, 1960

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Registration Rules

. 'A' class must sick certificate

attached Medical College

Attended Medical College
10. Mr. Speaker Sir,

I support the Demand for Medical and Public Health introduced by the Hon. Minister for Public Health. While moving the Demand, the Minister compares how in foreign countries they have spent about 25 per cent of the income, while in our country we are not able to spend even 10 per cent of the income. He also expresses the hope that in future we may be able to spend more money on this. He also says that the money that we spend is hardly sufficient to rejuvenate the nation. Most of the administrators of this country do not seem to have very well understood the concept of a Welfare State as our present Minister for Public Health and Medical Services. Fortunately for the State he has first applied himself to the task of universal medical aid through health insurance. Many have expressed their misgivings as to the scant scope and success of such a scheme as that in a poor country like that of ours. Apart from the practical aspect of it, should we not take it as an essential and integral part of our faith and will to promote the welfare of our State? The Minister is indeed very cautious to go in a slow but sure manner in this direction first by experimenting with the scheme in a few selected areas or pockets. I have a feeling Sir, that when a Minister in such a short span of time is able to make the people health-conscious, certainly there is scope for the success of such a scheme. Initially, I suggest that a few urban or rural areas, say a block may be selected as a unit and such a scheme first tried in such a place in an area like that. This may be started as a co-operative venture wherein, a family, not according to its strength and members, but according to its earning capacity or economic status may be required to pay multiple of a fixed share, the

*Smt. T. Lakshmikantamma* : Mr. Speaker Sir,

I support the Demand for Medical and Public Health introduced by the Hon. Minister for Public Health. While moving the Demand, the Minister compares how in foreign countries they have spent about 25 per cent of the income, while in our country we are not able to spend even 10 per cent of the income. He also expresses the hope that in future we may be able to spend more money on this. He also says that the money that we spend is hardly sufficient to rejuvenate the nation. Most of the administrators of this country do not seem to have very well understood the concept of a Welfare State as our present Minister for Public Health and Medical Services. Fortunately for the State he has first applied himself to the task of universal medical aid through health insurance. Many have expressed their misgivings as to the scant scope and success of such a scheme as that in a poor country like that of ours. Apart from the practical aspect of it, should we not take it as an essential and integral part of our faith and will to promote the welfare of our State? The Minister is indeed very cautious to go in a slow but sure manner in this direction first by experimenting with the scheme in a few selected areas or pockets. I have a feeling Sir, that when a Minister in such a short span of time is able to make the people health-conscious, certainly there is scope for the success of such a scheme. Initially, I suggest that a few urban or rural areas, say a block may be selected as a unit and such a scheme first tried in such a place in an area like that. This may be started as a co-operative venture wherein, a family, not according to its strength and members, but according to its earning capacity or economic status may be required to pay multiple of a fixed share, the
minimum being fixed in respect of the poor. I hope Sir, when the scheme is taken up, the details may be worked out and the various practical factors may be weighed and the peculiarities of certain areas considered for this. I submit Sir, that a special committee may be appointed to work out a blue-print, of course with special reference to the financial implications. In this country, it is interesting to note, that apart from the expansion of medical facilities, the existing facilities are either not tapped to the full or are not being enjoyed by the people fully and properly owing to a number of factors such as corruption, apathy and disregard for patients or lack of correct human perspective in the motto of service on the part of the medical personnel. The question of corruption is of course a larger issue spreading itself to various branches of life and departmental activities. I however attach special significance to this prevalence of the ugly and chronic malady in the department of medicine which is life-saving and life-giving.

Hence, Sir, I submit that this may be treated on a war footing in the department, and more drastic steps taken. One way might be to associate the members of various advisory committees in the fight against corruption and the terms of reference to such committees to be redrafted. In this connection, I recollect the recent and sudden unplanned visits of the hon. Minister to various hospitals which have really created a stir and evoked enthusiasm. I hope that hereafter at least something more tangible would come out of such visits resulting in the detection of irregularities, cases of corruption, negligence and callousness.

The hon. Minister has developed very curious notions about the values of merit and social and communal equations. He declares at one stage that he is both for merit and for offering preference to certain backward communities. This exactly is the present policy of the Government; but this is not what he seems to be expressing. The hon. Minister now either wants to dispense with the system of offering preference to certain communal groups or increase the percentage apportioned for consideration of merit.
As for private practice by doctors, most of the hon. friends have expressed that it is not advisable for doctors in Government service to have private practice. I fully agree with those hon. friends and I feel that the doctors in Government service should devote all their time to the patients visiting the hospitals and not for their private practice. Hence, there should be a change in their attitude and their approach should be more human. I also suggest that drastic action might be taken in cases of inhuman approach towards the patients.

As for the facilities in headquarters hospitals, I suggest that every headquarters hospital should have an X-ray plant and the number of beds also should be increased. In the note supplied to us, we find that the number of beds in certain hospitals are being increased, especially in the T. B. Hospitals. I am also glad that we are going to have more T. B. Hospitals and the bed strength also will be increased. I know for myself how many patients are being turned out for want of beds. Patients in serious and worst condition come to me for admission into hospitals wherein I am helpless to give them any aid in getting them admitted into the hospital.

As for the Cancer Hospital in this place, I learn that the strength of the staff is about 140 whereas the number of patients is only 120. So, we should see that we make the best use of this hospital also to the fullest extent.

Mr. Speaker: Get more patients, or what?

Smt. T. Laxmikantamma: As for the admission in the colleges, I particularly stress on this point, viz., the age-limit to enter into college which is 17 years. I was referring to a certain speech of Dr. Rangiah who says that scientifically girls are more intelligent. It is not my word, sir, it is the word of a doctor who has experience and who says that it is so scientifically. Therefore, the age-limit for the girl students should be relaxed. I also know instances wherein younger girls have come, who have got very good marks and they were very much disappointed because they were refused admission into colleges because of the age-limit.
As for the Family Planning, hon. Mr. Fernandez was saying that the propaganda for family planning is wrong. I do not agree with the hon. member. India, some people feel, is rich in the resources of population as in other resources. I had the good fortune of hearing Smt. Dhanvanti Rama Rao at a place wherein I was fully convinced that at this stage in our country, the successful implementation of family planning is most essential. I feel that all the hon. members and the public should co-operate in this. Especially, women are very anxious and enthusiastic to take the benefit of this family planning, because they are the worst sufferers at the time of delivery and other times. It is they who suffer and they are very anxious to know more of this.

As for the trained mid-wives the hon. Minister has given an assurance that more midwives and dayas will be trained. I feel more importance should be given to the training of these midwives because, I know in each and every village which we visit, they ask for more and more midwives and we are not able to give these midwives even to a few villages in our constituencies. I have also written representations from many women asking that midwives should be provided in their villages.

Then, the mobile dispensaries are also very useful and they are serving a good purpose. So, they should also be extended.

I also fully agree with our hon. friends that Unani, Homoeopathy and Ayurveda should be fully encouraged, and the best out of them should be taken.

There is one more point. In our Khammam district, the Kothagudem Collieries are running a hospital. There is no Government hospital there. The public who go to the Collieries hospital are turned out when they go there for medical aid. So, a Government hospital should be opened in that place.

I do not want to take much of the time of the House, Sir, and with these few words I close. I thank you for giving me this opportunity.
Mr. Speaker, Sir, in concluding the debate on Health and Medicine, I would like to bring forth a few points as a medical man with my experience. Every one of us knows that we are trying to have a Socialistic State and a socialistic pattern of life. But, I would like to say that it has become a propaganda word and nothing has been implemented so far in our country. In a socialistic State, it is the duty of the State to look after diseases. In other States, they are supplying to the sufferers many amenities like spectacles, they are supplying dental sets, and also for those people who lose their limbs they are supplying artificial limbs free of cost. But, in our State, we are not able to supply a pair of crutches for a poor man who loses his limbs. This is our state of affairs. Saying that we are poor, I think we should not stand on that point. Within our limit, we must try to do something to implement our views.

I would refer to one disease which hon. Dr. Achuta Ramiah has said, and that is Tetanus. Why I am referring to this is because it is not only my experience but it is the experience of many private practitioners as well as Government doctors that this is a disease which affects cent per cent only poorer classes who cannot afford even to dress up their minor abrasions nor can have a pair of shoes. These are the people who work day and night in the dust-bins and in the dung heaps and these are the people that get this disease. Once a man is affected by this disease, it is a torture and if any one of you see this man suffering, I am sure, you will pity him. Why I am stressing this point is for this reason. When such people are affected by this disease, their relatives are asked to buy medicine. This is a very peculiar disease wherein a doctor has to administer about 2 lakhs units of anti-tetanus serum which costs about Rs. 160 for a single dose which has to be administered. When you ask them to buy it, the agony of their relatives is more than anything else. They begin to weep. Sometimes, they pledge even their small jewellery, and sometimes they sweat and toil for one year and get these Rs. 160. That is why I am stressing on this point to say that we must supply this drug to all those people who suffer from this disease.
Another thing I would like to bring to your notice is this, Sir. As for the statistics, I do not have the statistics of Andhra Pradesh. But the statistics of Andhra State of 1955 show that about 1187 cases are treated out of which 337 died—that is, the death rate is 37%. You can imagine the gravity of the disease where a poor man spends his money and at the same time in spite of the treatment that is given, he will not be able to save his relative—a bread-earner. That is why I request that the young and energetic Hon. Minister for Medical and Health may look into this and supply that medicine free of cost to every man that suffers from that disease. Every man that suffers from this disease is a poor man and that is why I am asking that poor people must be supplied with this drug, whether they take treatment in Government hospital or from any private practitioner. This is my view and I am sure Andhra Pradesh will be leading to implement socialistic pattern of life in one subject at least.

Then, I have seen many of our hon. friends complaining about administration in the hospitals. Many have blamed doctors. As a medical man, I will say that I cannot take the blame on the doctors. But at the same time, I cannot protect the doctors who do things against medical ethics or do injustice or go against Government. I do not say that they are genuine. I know, as far as facts are concerned, about the administration in the Guntur General Hospital. Some things have been brought to my notice and so many times pamphlets have been issued and they appeared in local papers also. I can say this much that there is truth in that, that the administration is not running properly. As far as I know, I will tell my experience. I sent many a time people to go and get themselves treated by deep X-ray plant. People used to come back for months together saying that the plant is out of order. I have heard also that many a time operations were postponed for want of Oxygen Cylinders. It is the duty of the man who is in charge to see that these Oxygen cylinders are filled up in time. Until these cylinders are filled up and sent back, operations are stopped. This tells that there is something wrong in the administration. I can tell you that months together they have used date-expired insulin.
for poor people. Once the date is expired, it has to be condemned. But to save their skin they use it and when you ask them, they say that it has been used up. This is also one of the draw-backs that has to be looked into. I have sent a poor man to get himself investigated because he was having stomach ache. He went on the 15th of last month. He was admitted. The next day fractional test was done for him. Then the third day he was sent to the Radiology department. The radiology man said: "Your bearing meal series (?) will be taken up on the 10th of March." What happens to the poor man who has gone there from hundred miles to get himself investigated? He cannot afford to get himself investigated anywhere else. Either he has to stay there or go back. That means there is no co-ordination between the different departments. I can tell you why there is no co-ordination between different departments. There is a saying that goes. The man who first admits takes some money. When he goes to the Radiology Department, the Radiology Department man who is in charge of the hospital thinks that he has got his own show. So, he will post the case ten days afterwards. So the patient thinks, "How is it that this man is refusing to take my X-ray?" So, he will naturally go to his house and pay that man. That is the way in which they earn money. Of course, it is a thing which I cannot deny. It is also the mistake of the doctors. But when these things are brought to the notice of the public, it is our duty to condemn them. I can tell you that the co-ordination between the departments is so bad that sometimes prescriptions are made by the man in charge of the hospital or the doctor who admits a patient and he knows that the patient is not able to purchase the drug. Next day, the man in charge of the stocks, says that the drug is out of stock. Then the doctor prescribes some other medicine. By the time the medicine comes, either the patient will be dead or discharged because he cannot stay any longer without medicine. That is what is happening. So, co-ordination must be built up.

Another point is this. Hon. Sri R. Narayana Reddy has said that it is really a problem about these out-patients. He has emphasised that when 1444 persons come a single day to the out-patient department,
how can a few doctors who are posted there, look after them? It is humanly impossible because the routine system is one medical unit and one surgical unit and like that they will attend one day. The next day some other unit attends, they admit new cases and examine some cases as out-patients and send them away. The next day when these out-patients come again, they won’t find the old doctor there. They find a new doctor because the second set of doctors will be sitting there. So much so, what happens is this. The doctor who sits there looks into the sheet, he won’t afford to waste his time and because a doctor has previously examined, and prescribed a medicine, he would simply write ‘repeat’. That way, repetition goes on. Finally, the man who goes to the hospital thinks that he is not looked after properly. So, to overcome this crowd and to ease the work, I would request the hon. Minister to see that all the doctors who are in charge of the hospital i.e. the surgical units and medical units must attend the O.P. regularly in the morning. It may mean over-working of the doctors, but I feel that in the spirit of humanitarian service, they will have to work 24 hours. Even if it is more they will have to work. So, I would like to say that all the units attend the out-patient so that the man who examines a case the first day, may do it the next day. If that is done, the patient will have some sort of satisfaction and many cases can be treated that way.

Another thing I would like to speak about is the dispersal of cases. To-day, the rush is mainly in teaching hospitals. In other hospitals there will not be so much of rush. Many complaints are coming only from big hospitals where there are teaching institutions and where there are specialised doctors. Even for ailments like circumcision or piles or hydrocele or some such thing, they want to get admitted into the big hospitals and get treated there. Big institutions are intended for complicated cases which are sent from moffusil. So, the only thing to rectify this practice is to see that these minor cases are referred to local doctors or local hospitals wherein these minor cases can be admitted. By this, I do not mean that you should not admit them at all in big cases. If there is room they can admit, but preference must be given to
all complicated cases which come from distant places where they cannot get any investigation done. I think, this way, we can avoid much of this rush in big hospitals.

Coming to the administration side of the hospitals, you can find in any Government hospital that heaps of old stock are lying down there. I can say that in Kurnool hospital and Guntur hospital deep X-ray plants were lying idle for a long time. About two years ago, in Bapatla a X-ray plant was purchased and they have started working only about one or two months back. Where is the delay? The delay is not anywhere but with the authorities. The Officer in charge writes to the authorities and the authorities say that they cannot send it. It is all red-tapism. The difference between a Government hospital and a Mission hospital is only this. If the Mission Hospital wants any drug there, it is sent by the evening. If any apparatus is spoiled, by the next day it gets repaired. In a Government hospital what is happening is that they will have to write to the higher authorities and get orders. In this way things are delayed. I would like to suggest one thing. We are not having any maintenance units in the hospitals. On the radiology side, there must be some maintenance units. To save time, and at the same time to save money of the Government, these maintenance units must be going about all the hospitals because we are going now to establish many X-Ray plants in every taluk headquarters. I think this is going to serve our purpose and this has to be done in my opinion.

Then, coming to the T. B. Sanatoria, it has become a house-hold saying that without Rs. 150, there is no admission in a T. B. Sanatorium at Mangalagiri. It is a fact. I cannot say that I have seen it myself, but people are saying it. How far there is truth in that is for us to find out. Again, the rush in these sanatoria is increasing and we are not able to get beds. Here also, what is the way out? How to get out of this situation? Mainly T. B. Sanatoria are intended for admitting those cases where a surgical intervention is required. Now after the advent of various drugs, domiciliary treatment is becoming very prevalent in other countries also. They are treating most of the cases at
home wherein doctors can come home and give injec-
tions. The patients can save on food and have their
own nursing and they can be looked after by their
relatives. So, what I would like to suggest is, when
cases come to a T. B. Sanatorium and if they are cases
which can be treated medically, they may be referred
to taluk headquarters hospitals wherein some sheds can
be constructed for this purpose. It helps us in two ways.
One is that the hospitals will be nearer to the patients
and at the same time the rush in the T. B Sanatoria
also can be reduced. The other thing is that the
patients can be looked after by their own relatives,
in the matter of food supply etc. Otherwise, what is
happening is by the time a patient is admitted in a
Sanatorium in his turn, he will be either dead or he
will be cured by some other man. So, if the disease is in
an early stage, the treatment may be given in the local
hospital and I am sure he can be treated in one or two
months with the latest drugs. In this way, we can save
our people and save our money also. If the patients are
kept in taluk headquarters hospitals, their relatives can
give them food. If people are to come from surround-
ing villages, it means one rupee per day for their food.
They can bear those expenses for one or two months.
On the other hand if the villagers are to come down to
town, it is difficult for them to get food. This way, we
can accommodate ourselves and treat more cases. But
if the cases are advanced cases, I think we will have
to show some provision for them in the T. B. Sanatoria,
because neither we nor God can help them, but only
consolation has to be given to them. For that, I am
sure, if we can make the local panchayats construct
some sheds and the local block Doctors to go about
and see those people and give them some solution and
some drugs, that will suffice, because it is only these
poor people—advanced cases—who are not admitted
in the sanatorium or received by any Doctor for treat-
ment. If you send those cases to home, you know,
they will go on sleeping and they will go on coughing
in one small shed because they don’t have any houses:
they are all poor people who live in small huts. So,
this way, we can prevent the advancement of
tuberculosis cases also.

Sir, people are saying and hitherto we were
under the impression that it was only the urban area
and the industrial area that are having tuberculosis cases, but now if we have the latest report, we will find that the rural areas are as much infected as the urban areas.

Another thing which I would like to bring to your notice is about the primary health centres. In the primary health centres, what is happening is, we are posting young Doctors who have not gained much experience—not experienced I say ‘now’. For a young Doctor to tackle a case singly when it is a complicated type is a difficult matter so much so that these cases are being sent to the Headquarters hospital. For that reason, I would suggest that a Doctor who has gained a minimum experience of at least six years must be posted in a primary health centre so that he is really useful for the people in surrounding villages.

Now, coming to the question of blood banks, we find largest banners hanging there just like the banners of our small savings schemes hanging over the walls. How many of us have given to the small saving scheme? How many of us have given blood to the blood bank? We talk only and have not shown ourselves as leaders. So, I would appeal to the House that every hon. member must donate blood once in a year, though not at least once in his life time, and also all the officers and staff must be asked to donate blood and considerations shown for those people who give blood to the blood bank. I think, this way, we can improve the blood bank.

Another thing which I wish to submit is we are blaming Doctors for not coming forward for Government Service. Whose fault is this? Is it the fault of Doctors or ours or of the State? How are we getting Doctors from Bengal? You go to Bengal and you don’t find many private practitioners. Why is it? That is because the State is spending 16 and odd percent for the Government hospitals. The Government hospitals there are able to serve better the people and attract whereas in our State the private Doctors are able to serve the people better and attract them, so much so they are going there. There is no use of blaming the Doctors saying that they are not coming forward. When the Doctor is able to do better service as a
private practitioner, he prefers private practice than service in the Government hospital. So, it is our duty to see that these Doctors are provided with all amenities, so that they may do service to the people as also serve themselves by getting more salaries.

Many people are saying that there is lot of failure among students. Some are blaming the students and some are blaming others, but my opinion is we can compare ourselves with other States. Our selections are in the same basis as the other States. In the other states there are not many failures while we are having many failures. Why is it? It is because we have started opening colleges after colleges without equipping them properly or looking into the teaching staff e.g. whether they are having experienced people in the teaching staff or not. This is the main defect which accounts for the high percentage of failures in the Medical colleges.

Another thing which I would like to point out is that every one of you know that eye is an important organ. What is the importance that we are paying to the eye disease? As far as I know, in our taluqa, if I look round, I cannot find even a single eye hospital in the surroundings upto Kurnool—this side Nellore and the other side Guntur. What happens to the poor people for the treatment of eye? They are going hundreds of miles together for any operation etc. to be done. For this, I would suggest that eye ambulance vans i.e. eye ambulatory clinics must go to the taluqa headquarters hospitals every month once a day for a week—you must declare one day as ‘eye’ day—so that the people surrounding these headquarters hospitals can gather there and these eye ambulatory clinics can serve them better. I am sure, this is a very simple process. It does not require much of money and it will be serving a lot.

Thank you, Sir.

Mr. Speaker: Now, the hon. Minister may take as much time as he wants and then we shall close.

Sri P. V. G. Raju: Sir, I crave the indulgence of this House for speaking in English.
Mr. Speaker: All right.

Sri P. V. G. Raju: We have, I think, had a very interesting two hours' debate and most of the points have been covered by hon. members. If I am unable to answer each member by name, I crave his indulgence.

Mr. Speaker: I really don't think it is necessary, because, after all, the points are more important than names.

Sri P. V. G. Raju: However, there are a number of cut motions that have been sent in. Answers have been provided for each one of these cut motions by the department. I would have the answer to the cut motion circulated to the hon. member who has sent in the cut motion. If hon. members desire all the answers to all the cut motions to be placed on the Table of the House, there would be no objection to that also, but it may take some time i.e., two or three days' time. I will have them also placed on the Table of the House for the benefit of the hon. members.

I am very happy to state, Sir, that the Department and myself are getting on very well. This is a very important thing as far as I am concerned because it is only two months since I have taken up the responsibility of running this department. All my political career has been in the opposition till now and, therefore, I suppose, I had developed the chronic habit of becoming critical of the way in which the Government has been handling the various departments. I am happy to state that having taken up this responsibility, I am able to appreciate the great task, the hardship and the difficulties that Government faces, the more so as far as my department is concerned. I think the most hardworked department in the whole State is the Medical Department because we are under-staffed.

Mr. Speaker: I don't think the other Hon. Ministers will agree. (Laughter)

Sri P. V. G. Raju: We are under-staffed and all human beings must ultimately visit my department before they meet the Supreme Force or the God himself (Laughter). So, everybody sees my department,
some day or the other, in his life, either at the time of birth or when he leaves this world. (Laughter) In such a situation, I think, our Doctors are doing great work for our people. Our hospitals are under-staffed: we have not got sufficient nurses; we have not got sufficient trained personnel and nevertheless all Doctors have been attempting as far as possible to discharge their duties with a complete humanitarian attitude. I, therefore, request hon. members to be more patient and to be less critical and to be less general in their criticism as far as the services are concerned, especially, about medical men. It is very easy to get up in this House and say that there is corruption in the Medical Service, that Doctors are not discharging their duties as efficiently as they should etc., but on the aggregate, because service is being rendered, I would request hon. members to be more charitable to this particular service. I do not think we can improve the services or increase the morale of our services if we feel that the service is dishonest or is incapable of discharging its duties. However, Sri Ravi Narayana Reddi raised one very important issue. He said ‘How are we to bring to the notice of the Department any lapses that take place?’ If we are to prove corruption charges against individual Doctors, it becomes very difficult for us. This, of course, is one of the limitations under which we work in the State but I make this assurance on the Floor of the House that every complaint brought to the notice of the Department will be looked into, and I feel that much good will be done if factual information is provided. Instead of making general complaints, factual, concrete instances may be provided. I think, the last speaker the hon. Member from Guntur, brought up the instance of a case where he had sent a poor man to the Guntur General Hospital on 16th February and after the investigation was over the X-Ray Department of the Guntur Medical Hospital had suggested that he could come for X-Ray after 10th March or so......

Dr. B. L. Narayana : I can say the reason for that. They explained that ‘The Minister is coming; we are busy and so you come about 10th or so.’ This way, they have brushed it off. It is happening regularly and there is no definite co-ordination between themselves. This is what I would like to bring to your notice.
Sri P. V. G. Raju: This is very serious. I am myself surprised that such a thing has taken place. I would request the hon. Member to write to me giving me the name of the particular patient and definitely action will be taken on this issue. As for the question of the postponement of the work because I was attending, I think, that is not too valid a reason on behalf of either the Superintendent or anybody else in-charge of the hospital, but I assure the hon. Member that this particular case will be looked into. Where the hon. Members know of such cases, I would request them kindly to write to me giving the names and instances. Only one word of caution. In the case of Dr. Narayana Rao, he has every right to raise this issue, being a medical man himself. But in some instances, hon. Members should desist from becoming over-emotional when they submit these particular cases for our scrutiny.

While I am on the question of corruption on admissions, I have to say this. In the case of various T. B. Sanatoria in the State, complaints come to us. I have tried to work out a scheme. Supposing, one is to accept even the recommendations of hon. Members for admissions, I think, the hospitals would not be able to accommodate the patients that may be recommended by the hon. Members. Again, Sir, it is unfortunate that in private I have been informed that particular sums of money were being paid for admissions. I have said this to the persons who have told me this and I say this here also, Sir, every patient - every person who is sick would move heaven and earth to get admission into the T. B. hospital or any other hospital. The most dearest thing for one in life is his own life. It is one of the basic urges. As a matter of fact, the philosophers would say that in the process of fighting for one's life, one becomes an animal. In other words, one is an absolute individualistic when one looks after one's own health and one's own requirements, because life is dear to every one of us. That being the case, some times those who seek admission in these hospitals are themselves the agency of corruption. It is unfortunate when I say so that they go out of their way to corrupt, because they are trying to save their own lives. That is the case. Of course, the higher the element of civilization and the sublimation in the individual, the greater is
his capacity for accepting the inevitability of death and, therefore, he may not resort to corruption, but I am afraid, in the prevailing circumstances you cannot escape from some element of what I would say 'temptation' to corrupt. In this connection, I would tell the hon. Members that if they know of instances where bribes have been suggested - I do not say 'paid' - then it is very sad commentary upon the vigilance of the members themselves, because I for one will not tolerate anybody coming to me and saying that 'I had paid for admission into a T. B. Hospital': I would not do it, however, dear or near the individual was to me, because if everybody who has got money comes forward to corrupt our services, then naturally the efficiency will go down. Therefore, in such cases, the hon. Members may be prepared to bring the instance of corruption to my notice. After all, they cannot get the information that X or Y corrupted or paid for admission. Are the hon. Members prepared to accept that we take action without fear or favour against the person who has obtained admission by paying for a seat, whatever his position may be? If they are not prepared to do that, but merely say that 'we will accept the treatment of corruption, but that corruption is taking place', I am afraid, very little can be done: at least the moral tone cannot be improved.

So far as T. B. Sanatoria is concerned, Sir, in my opening speech - of course, I did not read it, but it was circulated yesterday - I have made it clear that we are going to increase the facilities for T. B. patients in the State. I am trying to evolve a cheap scheme - some sort of subsidised scheme - whereby T. B. patients who are admitted may be entrusted to pay for their own food. This would simplify the process, because to-day, the State has got not merely to defray the expenses of medicine and surgery, but also to feed the patients that are being admitted into the T. B. clinics. A conservative estimate is that we have 5 lakhs of positive T. B. cases in the State. This is a very conservative estimate, because if we go into the working class areas, into the slum areas, say, in each village, into the harijan part of the village - the pali - you will find that a large percentage of the people are suffering from T. B. and the disease is transmitted from one generation to another,
because the T. B. patient lives in a hutment - four or five persons live in a hut - and therefore possibly more number of people get the disease. It is estimated that practically 50% of the population at some time or other in their life has had a mild dose of T. B.; it may not be active, but it remains in a dormant state. This is the position.

How to tackle this large number of cases that come up from year to year? Dr. Narayana has said "let us give them domiciliary treatment". That is the latest proposal. The only thing is this: while it is admitted that T.B. is no longer a dreaded disease that it was 10 or 15 or 20 years ago because of modern drugs, the difficulty is that a minimum of segregation is necessary on the one hand, and, on the other, the persons who live in the same hut or house must be capable of better sanitary habits. We must be able to provide for them and they must become used to better forms of cleanliness: for instance, they must not be in a position to spit on the floor, so that the disease would be transmitted to those who are in the area. So it is possible for the middle-class people who have got a certain measure of culture or, shall we say, sanitary training or when we talk in terms of the rich people, to have this domiciliary treatment; but when we talk in terms of the poor, it is impossible for us to think that the domiciliary treatment will be of much effect, because they are not able to have access to the medical practitioner. Apart from this, even the cost of the drugs is beyond their capacity. Therefore, I do not think it is possible for us to give up the question of T.B. Sanatoria for quite a number of years to come. It is a fact that in Europe today these T. B. Sanatoria have closed down—Switzerland is very famous for the sanatoria throughout the world—but, in our country, I am afraid we have to continue the sanatoria for some time to come. To solve this issue temporarily and to help to lessen the suffering of the people, we are proposing this year, funds permitting—I have to state this—to put up a cheap type of construction, whereby T.B. patients can be housed and given absolutely free medical and surgical treatment. That would be the responsibility of the State. Those who could afford, if they are in a hurry to get into hospitals—if they are prepared to wait for
admissions, then, I believe, it is fair and the process will take place—but for those who are capable of paying—even then, there may be too much rush even as it is—we will put up a sort of waiting list and try to accommodate those who are prepared to pay for a minimum of their food requirements, because, if we were to provide free food for all those who may come forward, I am afraid, it may cost a lot—I am only discussing the cost, at the moment. As I have said, there are five lakhs of patients and at Rs. 2 per head towards diet requirements per day, because T. B. requires a special type of diet, we require 10 lakhs per day and at that rate 3 crores per month or 36 to 40 crores per year. The cost of treatment of T. B. itself is 40 crores a year, as a single disease if we tackle it efficiently; but the whole provision, as you know, is a little more than four crores only.

Hon. Members have gone into the question of the various systems of medicine that are there in the State. We have at present five systems: Allopathy, Homeopathy, Unani, Ayurveda and Naturopathy. Today, the dominant system in the world is allopathy. I suppose no hon. Member here would dispute this pride of place. I do not want to get into an academic discussion as to the merits of other systems. It is true that Homeopathy or Unani or Ayurveda do cure diseases. I am not disputing that fact. But the main situation is such that today the general public want allopathy; everywhere you go, they want X-Ray photographs; they want injections; they want operations. Modern medicine has come to stay in our country and I request the hon. Members to accept this as a fact. The only question is this: What place do we give for the various other systems that are there and are being practised in our State. Many hon. Members may have read the reports of Expert Committees appointed by the Government of India to go into the question of the future of Ayurveda, and of Unani. In our own State, we have appointed a Committee to go into the question of the future of these two systems. The present position is that we have a state-run college and hospital for Ayurveda and Unani training. For over a period of about 35 or 36 years, a certain pattern has been set. Round about 1923 in Madras the late Raja of Panagal, with the purpose of protecting the interest of Ayurveda,
to develop a course whereby both Ayurveda and Allopathy would be combined in a manner: and what was called "the integrated school of Indian Medicine" was developed. Today, in Hyderabad itself, this system of integrated medicine applies both to Ayurveda and Unani. In the College we are running and in the hospital, both Ayurveda with modern subjects, Unani with modern subjects are being taught. Apart from this, there are what you call Suddha Ayurveda and Suddha Unani practitioners in the State—those who have studied Ayurveda from Sanskrit sources and those who have studied Unani from Persian sources. The real problem is that Suddha Ayurveda or Suddha Unani is being belied by this integrated system of Ayurveda and Unani. The problem therefore is three-fold; we have hon. Members in the House and there are several citizens outside who support only the system of pure Ayurveda or pure Unani; there are again hon. Members of this House who would support the integrated system, and Sri Ravi Narayana Reddy while speaking raised the question of the demands of the Ayurvedic students also that are being trained today. The question really boils down itself to this: what should be the future of Suddha Ayurveda or Suddha Unani and also the integrated system. Personally, if my opinion has any measure of weight—after all, I am an absolute lay man, Mr. Speaker, and, therefore, I can only say this is an opinion, and this is not even the decision of the department of the Government, because the matter is still before an Expert Committee—if I was asked to express my viewpoint, after hearing the debate in this House and in so far as hon. members request or desire an answer from me, I would submit to the House that I would like Suddha Ayurveda and Unani to be separate and that also any institution or institutions which propose to teach Suddha Ayurveda or Suddha Unani should be started by us. The reason is very simple. It is necessary for the future of the research requirements or the scientific requirements— I won't say, scientific requirements of allopathic medicine— but the requirements of medical science itself that information available to us from Ayurveda and Unani should be preserved. Hon. members may be aware that just about a year or two ago, the drug Serpasilw as discovered which is now being used for heart diseases. It is a drug which was
discovered from Ayurveda. Therefore, I admit, and everybody admits, that there is a large fund of information available which could be translated into modern knowledge and that must be achieved if we are to go forward. This particular method is being employed everywhere in the world. As a matter of fact, if one goes into the history of medicine, some of the drugs that are being used are obtained in the Amazon basin, in South America, and the people who supply the drugs are the local Indians or the Amazonians. Western medicine accepted it, and accepts it to this day that wherever there are primitive tribes, wherever there are people who are using basic drugs that are developed from local herbiage or plant life, they are taking them, refining them, studying their medical properties, and are introducing the whole lot into the modern system of medicine. Even in China, the ancient China system is now being sorted out, and research is taking place even in communist China. Therefore, I for one would like to continue Suddha Ayurveda and Suddha Unani. The real difficulty then is this: when we train pure ayurveda pundits or unani hakims, naturally they develop a prejudice in favour of themselves. I use the word 'prejudice'. It is natural for anybody to feel that he is the most handsome, the most clever, and the most intelligent. In a group of people also, the same attitude develops; and one cannot help it. We have to be charitable and expect that reason alone shall ultimately triumph. But so far as we deal with groups of human beings, we have to deal with their emotional structure, their collective emotional structure, if I may say so. Therefore, when we train only ayurveda pundits or unani pandits, because of the prevailing atmosphere brought about on account of other reasons, they may feel that they are being singled out and that their science is not being given the necessary respect that it commands; and therefore, these gentlemen take up a very violent and sometimes irrational attitude. Therefore, I would request the hon. Members to look at it from a purely scientific stand-point. We have not yet gone into the question of preserving this Ayurveda and Unani completely; but I am all in favour of government running a research department able to absorb them and if necessary to pay for them and make them continue with the research. But here, I would like hon. members to make a distinc-
tion between allowing for the practice of Unani and Ayurveda which after all is not acceptable to the people, and the question of research. Providing research facilities is one thing: allowing all these trained personnel to have an equal say along with the allopathic system in the administration of medicine is something which is beyond the scope of the present administration. I put it that way because, whether we like it or not, people want X-ray, surgery and injections etc. So the training of pure Ayurveda practitioner in itself is not a complete remedy, because people themselves do not want such people, but they want integrated medical men. The second question arises about integrated medical men. If we want to preserve Ayurveda or Unani, there is, as I pointed out already to you, Sir, the possibility of our developing research institutions for pure Ayurveda; but so far as demand for doctors is there, what are we to do? I think one of the hon. members, Sri Vavilala Gopalakrishnayya, has sent in a cut-motion saying, 'why don't you think of a smaller medical course of 2 years' or a 3 years' course? Why don't you re-introduce the old LMP course?' Today, we have the LIM course. As you know, the State has closed down the LMP course. We do not train such persons any more. In the meantime, the integrated system of medicine has slowly crept into the field. Whether this is a wise decision or not must be considered by us all. The main reason why this shorter LMP course was closed down was because we wanted to set better and better standards for our medical services today. Under the name of Ayurveda, we have re-introduced a shorter course called LIM course. I do not know if this is wise. This course gives us neither good Ayurveda doctors nor good Allopathic doctors. The present demand of the Ayurveda College and Unani College students is that modern pharmacology and modern medicine should be introduced into their study. Where is Ayurveda, if you introduce modern medicine and modern pharmacology? No Ayurveda will remain once these two subjects are brought in.

Once these two subjects are brought in, no Ayurveda will remain, because to-day we are able to buy in the market Penicillin or Arqmisin or someone of these drugs and automatically these doctors who
are trained to the use of the modern drugs do not go into the question of Ayurveda at all. Therefore Sir, I am of the view that the better course of events is, we must be prepared to teach total Ayurveda and total Unani to the students who come forward. Instead of going on in this half-way palliative measure of adding a few Allopathic subjects every year on the students, let us teach complete Allopathy, complete Unani or complete Ayurveda to the gentlemen who are prepared to come forward. The only difficulty is this. To-day the course for study of Allopathy is 5 years. The course for study of Unani or Ayurveda would come to about 3 years. Are there sufficient number of people in our State to master Allopathy and Ayurveda together - not become half-masters of Allopathy and half-masters of Unani and Ayurveda. This is the main problem. I may tell the hon. House that this is being examined. The new committee that we are appointing will have to decide this issue and in this process if there are students who are capable of giving the necessary devotion to the study of both subjects in a curriculum, that would be the very best solution, because then we would be neither creating bad Unani doctors and Ayurveda doctors or bad Allopathic doctors This committee will have to face these three questions. The question of teaching pure Ayurveda, and Unani, the question of teaching a complete integrated course of Ayurveda and Unani have to be considered by the Committee. There is no half way house. Just as we have abolished the old L. M. P., course because it was insufficient in the modern science, I feel, this present integrated course is like being neither here nor there, nor does it satisfy the demand of the public for good medical practitioners, nor the needs of the students, but any way, if they would prefer to study say Allopathy, I may tell you that this question is being considered by the Government and I hope very soon we will be able to take a decision on this issue.

There are a series of other questions which hon. Members have brought up during the course of the debate this morning. The first question is the question of private practice and public practitioners. Sri Nagineni Venkayya of the Swatantra Party expressed the basic philosophy of the Swatantra Party by passing a
general observation that private hospitals are better than Government General Hospitals. I do not think, I for one would take that statement too seriously, because the country is too poor to afford ‘capitalist medicine’ if I may put it that way. For some more years to come, it will be the duty of the State to provide for medical care of the people. And furthermore, the pattern I would like to set would be for the harnessing of all the services of medical practitioners in such a manner that the optimum efficiency is obtained. Hon. Members have pointed out that they have seen a long queue standing before the Osmania General Hospital as out-patients. Some question came up in the discussion regarding the hours that they spend. One member said (I forget the name of the hon. Member) that medical men should be treated on war-footing for 24 hours a day and that they must be prepared to serve the people. I endorse every word that has been expressed by that hon. Member. Medical men must work not for 24 hours but 30 hours. In other words, medical men should have a longer day than the ordinary man. After all, he is nearest to good if you want to put it that way because he serves mankind. Therefore the private practitioner must be harnessed for more and more effort by the community. How it is to be possible, is a different question. Many schemes are being examined. Already in the progressive countries, what you may call the capitalist countries—of course I am using the terminology in a stereo-typed sense—say Great Britain or even in the Continent, health services and Health Insurance schemes came up to play a part and the private practitioner is expected to play his part in the service of the people. In our State also, we are examining the question of health insurance scheme or you may call it Health Co-operative. Two sets of plans that we are trying to think of are (1) a panel system which would try to harness the private practitioners and (2) to turn to the services where we ourselves would appoint the doctors for the Co-operative that is to come about. The scheme, as you know, is being examined and I am hoping that a start will be made during this year itself. If possibly, I had been able to make some provision in the present budget itself earlier, we would have started, but at the time of appropriations, I hope we will be able to make a beginning as far as
this scheme is concerned in Andhra Pradesh. As far as the panel system is concerned, the private practitioner is going to be harnessed to this panel system. In the beginning, it will be on voluntary basis, but the line between volunteering and compulsion will gradually merge one into the other as we are able to develop this system more and more. To-day in the United Kingdom, every private practitioner is statutorily obliged to serve the needs of the community and therefore even though the State may not be in a position to absorb all the doctors into the service of the State, even then by virtue of the Co-operatives that we develop, it is to be hoped that the ideal position will be reached, where every doctor will be able to serve the community. Now in the panel system, the units which insure themselves would take up the service of a private doctor. Of course the doctor would not be banned from continuing his private practice afterwards, but I may assure hon. Members that there will be less red-tape in the administration of these Societies in so far as the local initiative will be harnessed. The local people would run their own co-operative or their own social system; and therefore larger vigilance or public effort will be available from those who have been insured. The question of private practice also boils down to the question of remuneration that we are paying to our doctors. Many hon. Members have been giving the instance of West Bengal. West Bengal has a very eminent medical man as the head of the Government. Dr. B. C. Roy is not an ordinary doctor. I have heard many people feel why he has found himself in politics. May be he would do greater service as a doctor or as much service as he is rendering as Chief Minister of West Bengal. Nevertheless, because of his eminent position, West Bengal leads the country to-day as far as the pattern of medical services is concerned. I am glad hon. Members keep referring to West Bengal. If we are to go forward we must always set ideal targets before ourselves. I would like only this to be said. It must be our purpose to reach the standards laid by West Bengal and also go forward more than what is there taking place in West Bengal. But all this throws a great responsibility or burden upon the shoulders of the hon. Members of this House. We have to provide funds and that we cannot do until there is greater all-
round demand not only from hon. Members of this House but also the general public. I believe that we have reached the stage where such a demand is forthcoming and Government was trying to implement as far as is possible, the scales that are being suggested by West Bengal. What they have suggested in West Bengal is that there should be no private practice at all for Government-employed doctors. That means we have to pay our doctors much better than we are paying to-day. We cannot do that until we get your sanction and the cost of paying our doctors more must be borne by all of you. I feel that I would be justified in bringing forward this question during the current year or possibly by the time of the next budget. Let us wholeheartedly give a collective consideration as to whether we should pay our doctors more and what should be the position of doctors and their private practice. If that comes about, I am sure we can make very rapid progress in our State.

In discussing the case of West Bengal, some hon. Members pointed out that we are getting doctors also from West Bengal. I think it is something to congratulate ourselves on. I would like more doctors to come from other parts of the country to Andhra Pradesh. I do not want to deny doctors from Andhra Pradesh itself. I would certainly like employment of our own doctors. But please understand this fact. We are not training enough doctors in our place. That being the case, are we to hold up our schemes till we train our own doctors? And training a doctor is not a simple thing. Sometimes, the average may be 5½ years, or 6 years or 7 years and therefore till our doctors are trained, we must take doctors who come forward from any other State. I must congratulate these doctors who have come from Bengal or any other State. To-day the prevailing atmosphere is so parochial. We are so State-conscious and even though we have achieved our own State, there is a tendency to feel that no outsider should come here even if he is doing good for the public. Therefore I would like that at least in Medical and Health services this attitude should go away completely. There is no question of saying Bengali Doctors or Punjabi doctors or Bombay Doctors.
Dr. B. V. L. Narayana: I did not say that I am protesting for their coming here but I am told that they are not able to thrive as private practitioners and because the State was giving more help for the people, State Hospitals are attracting more doctors and so private practice was not able to thrive. So he is forced to seek job in other States. I want to impress that point. I am not against the principle of getting any other doctor from any other State. I want to bring that to the notice of the hon. Minister.

Sri P. V. G. Raju: I am glad Sir. The only point is this. The State Public Service Commission is advertising for as many doctors as we like. Last year, we advertised for 50 doctors and got applications for only 8. 42 vacancies remained to be filled on the basis of advertisement. There are insufficient number of people coming forward. That is the situation. Now about the doctors who come from abroad, they do not in any way cut across the employment potential of our own doctors. Let hon. Members understand this. It does not mean that an Andhra doctor is being denied, if an outsider is employed here. Far from it. As a matter of fact, if we are to provide a doctor for each primary health centre we want as it is 250 doctors to be employed. This is only so far as the medical side is concerned. Public Health side has its own demands, and so, if the overall figure is considered, nearly one year’s admissions of students will be employed straight away without the question of our looking for doctors from other states, if all the gentlemen who pass out of our colleges are ready to accept employment in our State.

Now regarding the question of doctors from outside, the problem of an All-India Health Service also keeps coming up from time to time. As hon. Members may be aware, in 1947 when the British left the country, there used to be what is called the Indian Medical Service. When they left, all the foreign doctors went away and each State has, to-day, reached a point of employment of medical personnel in the State level itself. The Government of India, as in the past, continues to welcome any suggestion by State Governments to support the National Health Service. If that is the
case, then the salaries of these doctors is met from Union funds. Better standards of pay are set and paid for these doctors. The difficulty is, that the moment the State agrees to this All India Service, in certain quarters in our State, hon. Members expressed the same view—there is a feeling that our doctors will be affected and that they will not be able to stand on their feet, that more outside doctors will come in, that the biggest posts will go to outside doctors and that the highest salaries will go to non-Andhras. This is the sort of fear that some times is expressed by Hon. Members. This is not quite correct. Apart from anything else, it shows a lack of confidence in the capacity of our own medical men to stand up with the very best in the country. I believe that our doctors are as good as any doctor being produced anywhere in India and if in Andhra Pradesh we are to accept the commitment of a National Medical Service, then more of our doctors will be able to go outside our State area and more doctors from outside will be able to come to our State. In this manner, the services will improve, the State will be benefitted and also the doctors will be able to earn more income. This is what is being examined and I think we will be able to say something about this issue very soon.

There are two more questions which I would like to deal. The first is the question about the medical colleges. Sri Ravi Narayana Reddy gave us some figures. .......

Sri R. Narayana Reddy: 1500 doctors and 1100 nurses.

Sri P. V. G. Raju: I have not checked the figures. I take the figures to be correct, for purposes of what I would like to say to the hon. Members. According to the conservative standards set, it is expected that there will be one doctor for 1000 population. In the Soviet Union, the ratio is 600 population to one doctor. The ideal set before is one doctor for 1000 population.

That means 1500 doctors barely cover one million five hundred citizens and nothing more. Today, the population of Andhra pradesh is nearly forty million. At this rate, we require about forty thousand doctors in Andhra Pradesh to cover the health needs of our people.
When are we going to train forty thousand doctors who can set an adequate standard for our people? Therefore, there is no doubt in my mind that every anna we spend on the increase of training facilities for our medical men is well spent in the future of our State. At the rate at which we are developing our medical services, we cannot reach the requirements of our State in the next 100 years at least. And therefore it is necessary that we train at least a minimum of 1500 doctors per year if we are to cover this gap progressively in the next 20 years. That would be roughly our situation. Therefore, I am very keen that more training facilities should be opened out. But this is a highly technical question. On the one side while we are increasing our training facilities, the quality of the training to the doctors is deteriorating. For instance, the ratio set up by the advanced countries is that an under-graduate i.e. a M. B. B. S student should be trained for every ten beds of admission in a hospital. Here we have cut it down to practically six or seven beds per doctor being trained. This is the strength of our admissions now in the various colleges. We have reached a very dangerously low level because, without clinical experience, any amount of theoretical knowledge for our students will be of no use. Clinical experience is the main criterion with which medical men are being trained. Furthermore, to train our post-graduate men, when we are admitting M. B. B. S students at the rate of five or six beds per trainee, where are we going to find facilities for post-graduate work in our colleges? These are all the problems which I have gleaned after taking over this particular department. Therefore, while on the one hand we will have to open out more and more medical colleges, it would follow naturally that there may be a fall in the admission of the students and the strength of the individual institutions. For instance, if we are admitting, say 125 students in Visakhapatnam College, and if we are to give perfectly correct and good training, we may not be able to admit more than 57 in Visakhapatnam college. Therefore, if we are to rationalise the system, while we are opening out more medical colleges to train better doctors, we may have to cut down the strength in the existing colleges. This is the problem of course for the future. So, let no body think that we have reached the end of our development as far as medical colleges are concerned. I have already
informed the hon. members that we are going to take up Tirupathi College. I think we will have 50 admissions this year in pre-medical and 50 admissions, if possible, in the first year M.B.B.S. Of course, for first year, it will all depend upon the capacity of the hospital that is being developed in Tirupathi. But I, for one, would not mind. 50 admissions this year means—this year’s pre-medical becomes next year’s first M.B.B.S.—that even if we do not take 100 boys, ultimately we will take definitely 50. We are opening the college from the academic year in June or July.

Now, some hon. members have raised the question of my speeches which I have been making to various college boys in the Union functions. Somehow, I have been invited to every college function. Guntur invited me, Kurnool invited me, Osmania invited me and so on. All these medical colleges keep inviting me possibly because I am the Minister for Medical and Health. Tomorrow, of course, I am going to Kakinada and I am speaking there also. The main theme I have been making in all my speeches is that it is necessary for any people—by people, I mean the whole body politic—to set ideals or standards before it, Sir. We work towards the ideal of a classless and casteless society. We are committed to that ideal. I do not think there is any dispute about it. That being the case, how far should we tolerate distinctions that today exist in society? I am with any hon. member here when he says that there are differences, that there are rich people, that there are poor people, there are forward communities and there are backward communities. But my whole idealism, my whole soul, would go against these differences. The ideal position of a classless and casteless society is what I strive for. Therefore, while supporting it, I would be apologetic in that support. Under practical considerations, I support the question today. But the ideal position is that there should be no difference. But I find amazingly that there are hon. Members who want to perpetuate the difference for all time to come. Taking into consideration of what I say, I have not denied any caste or community admission to a college. As a matter of fact, I have merely said that the criterion must be ‘merit’. Therefore, I repeat it here for hon. Members. Let us by
all means keep exclusive admissions for Harijans. I am all with you. Hon. Members, during the last few days, were saying: "Let Archakas be Harijans". One hon. member who spoke brought in the name of Ramanujacharya, the great Vaishnava Saint and said that Ramanujacharya had converted the Harijans, had given them social status. That is good. Now-a-days, Government itself is trying to take the function of Saints. That is very good. I would like it because, I do not believe in superstition. I only believe in reason. Therefore, by all means, let us help the backward communities to come forward. Let us help the Harijans to come forward. I assure the hon. Members that if a Harijan puts in his application and if he conforms to the minimum qualifications, I shall admit him automatically. There need not be any doubt about it. The only question is, the question of backward communities. Here, I am afraid, many instances have come to light wherein hon. Members have not so honourably obtained admissions for persons who do not belong to particular communities. This is a very sad comment. My hon. colleague, the Education Minister, will tell you that there have been any number of instances where people have brought certificates, and when it has been traced back, one can trace it to those who are very close to us today. Now this does not lead to any healthy situation in the community. I am not against admissions to backward communities. But let there be genuine backward communities. Let us not create a situation where we are corrupting and demoralizing our youth. It is one thing to want a job for older generation. But why should we corrupt the younger generation and the future doctors of our State by trying to allow people to join in these admissions? After all why should there be any controversy at all? We are reserving 25% of our seats. If we are not reserving, let there be any question raised on the floor of the House. But when we are reserving the seats there should be no further controversy. My request to the hon. members is that admissions to colleges should not become a subject for political controversy or banter. If there are any such cases where backward communities are not admitted when they have got the qualifications, let them bring it to my notice, and I will certainly look into the question. But using the question of admissions of any particular category, we should not try to dissolve the
milk of human kindness within ourselves. Many hon. members would say: “Look, such and such a community boy has been admitted by bringing a false certificate”. As I pointed out to you, we have already traced certificates like that and it does not speak very highly for those who give certificates. But unfortunately the student is admitted. We have to admit, say, 100 students in Osmania Medical College or some college. We admit this boy also. He is there admitted in the month of June. Some body in this House makes an appeal in the month of October or November that the boy has been falsely admitted. The boy is rusticated in December and the seat is not filled up. What happens? We have one doctor less during that year. Furthermore, I am expected, because of the needs of social justice, to rusticate this poor boy from education. I cannot accept that position. I am here to enforce the rule. We have 16% reservation for Harijans and 25% for backward communities. If there are people, let us have a selection board one month earlier or 15 days earlier. If there are hon. Members to raise issues on behalf of those who have been denied admission, let them raise them one week or ten days after the admissions. But any delay in these matters only leads to the victimization of individuals, for which I am totally against. This does not mean I have admitted these persons. As far as future is concerned, I shall say that only genuine backward community boys get admission.

The last issue, Sir, was raised by hon. Mr. Fernandez who raised the question of family planning clinics and birth control. Hon. Mr. Fernandez was the only one who tried to introduce religion into this debate. Now……...

Sri J. T. Fernandez: I do not think that is objectionable, Sir?

Sri P. V. G. Raju: I agree. In so far as there are more religions than one, to that extent it does not conform to a single tenet of reason. I am not disputing the efficacy of any religion. I am not making discussion on religion. Some other time, later, I will do it. But……….
Mr. Speaker: Are they objecting in Christian countries?

Sri P. V. G. Raju: I will explain, Sir. I think when a secular State decides a certain policy—right or wrong—you may be objecting to the whole policy, but we cannot accept that those who work in the State belonging to a particular religion will not conform to a certain code of behaviour. If there is a medical man who is a Catholic, he may very well say: "I do not believe in birth control." But if he is in service of the State, I am afraid that he must conform to the policy of the State. If he is a private practitioner, I have no objection. Hon. Mr. Fernandez said: "Do not post..."

Sri J. T. Fernandez: May I ask whether it is an obligation to go against one's conscience just because you are serving a State?

Sri P. V. G. Raju: There is no question of conscience involved in these things. Here is a factual medical question. After all, so far as conscience and Church are concerned, the Church has very often in its history been rectifying its erroneous opinions from time to time. The great discovery that the earth is round was at one time disputed by the Church and later on it was accepted. So, the Church has been historically accepting the modern scientific findings. It may only take a little longer than others; but it is neither here nor there. Therefore, what I would like to say here is that even the Catholic dogma is not an absolute dogma. It is changing and altering. As far as the Asian world is concerned, right or wrong, family planning is considered to be sound economics because we cannot catch up with the industrial production if the production of human beings is not controlled. Further more, I would like to say this to Hon. Mr. Fernandez: the birth control clinics do not necessarily oppose what you may call the bearing of children. In Europe, owing to the prevailing atmosphere, because of the knowledge of science among the various levels of society, the use of prophylactics being known to every body, a fall in the birth-rate has taken place. For instance, the great French Empire began to shrivel up after the Napoleonic wars. The total growth of population in France between 1835 and now is only 10 million. When the Emperor was ruling,
it was 34 million. Today France has not gone up over 10 million population. Therefore, the problem of civilization is the problem of shrivelling up of man. The range in the older people in the community is far greater. If the ratio between young people and old people is taken into consideration, there are more old people in the community than young people. Therefore, the Holy Roman Church is very interested in seeing that Europeans do not resort to birth control, and that there are more births in the Holy Land of Rome, if necessary. But in Asia, it is the other problem. We cannot stop our people breeding. While the average family in Europe is barely 1½ to 2, here our women go on bearing 5, 6, 7, and 10 children. So, there is no restriction that the man puts on himself. This is a very sad case. Therefore, irrespective of whether man approves of it or not, I say, our women should be aided in protecting themselves from this annual burden that they are today carrying, namely, children—unwanted children. And therefore...

Sri J. T. Fernandez : There are natural processes for that, sir?

Sri P. V. G. Raju : I do not know if the hon. Member practises Brahmacharya. But the great Gandhi spent fifty years struggling with his own problems. I am not here to go into psychological processes of individuals. I only take the factual case. People cannot control themselves. It is not my business to ask them to control. I am not a priest in a temple or in a church.

Sri J. T. Fernandez : That is what the State is trying to do. They are trying to enforce control.

Sri P. V. G. Raju : It is not, sir, because I think the hon. Member will bear with me that this is such an intimate question and such an intimate act that no third agency can interfere either in control or non-control (Laughter). Therefore, we have to necessarily help and we have not got sufficient supply of the necessary prophylactic material. And this is a very sad comment. The Health Ministry in Delhi is apprised of the situation and definite efforts are being made. I for one am not opposed to the question of this control. The only question is that it is totally voluntary. If people come forward to learn family planning methods, there is no
harm. As for the hon. Member, if there are any religious and conscientious objections, they have every right to have a large family: May they thrive, as the Biblical saying goes. I have no objection. I heard that some British woman is the mother of 18 children. I do not know if such large families are there in our country. But whoever is there, I would certainly go out of my way and we may examine a scheme whereby mothers who have got too many children should be given allowances so that they can feed their children. That is something different. Therefore, the hon. Members need not object to family planning.

Sir, I have taken a long indulgence of the House. I only say this. I am glad that Medical and Health has been treated on a non-political footing by hon. Sri R. Narayana Reddi. I am very grateful for the kind consideration he has shown. I wish all the hon. Members would take greater and greater interest in medical and health studies. During this budget session, I am meeting the group of M. L. As. from each district separately day by day, and I am spending one hour and some times more than one hour—as we see here, one hour means that we take more than one hour and also some times more than 1½ hours—for discussion on medical and health subjects. All the hon. Members are participating.

I have been told that this method of meeting the officials has been appreciated. I would request the hon. Members of the remaining Districts to try to be here when we call for the next meeting.

Further, on the 22nd of this month, we are organising a small function for all the hon. Members of both the Houses at the public Health Museum which is next door to us. It will be held on the 22nd evening from 4-30. We have the finest health museum in India, nay, in Asia. Some hon. Members may not have seen it: some may have seen it very casually. We are going to have some of our Health Department personnel there to go round with groups of M. L. As. We will have Doctors available to explain personally the various things in the museum. I think, in about one or one-and-half hours, we can get a clear picture of the health
requirements of the State. So, I would invite all hon. members to come to the Health Museum and look round. My expectation is that this Health Museum should be able to explain matters in such a way that we can have many more units of this Health Museum throughout the State. Not merely Hyderabad, but every primary village should have a Health Museum ultimately, because there we should see how hygiene has to be maintained and how one has to tackle small diseases. All these would become the natural knowledge of the community and therefore I would request the hon. Members to come to the Health Museum on that day.

There is also another request: On the 14th of this month, there is going to be a mass vaccination campaign and every hon. Member has to come and take his vaccination in this House. This, to me, is the test of your interest in public health matters. (LAUGHTER) The hon. Speaker has approved of the scheme and I am very happy to say that only two members came forward and said that they do not believe in vaccination. Now, regarding these two members, according to the provisions of the law, one can be a conscientious objector, but the State has got the right of segregation of these gentlemen who have objected to vaccination. (LAUGHTER) I am not saying this in joke; I am saying it very seriously. In the western world, if a man says ‘I am a conscientious objector’, he really does not mind being segregated, but in our country when a man says ‘I am a conscientious objector’ he will start arguing with me and arguing with you, and argument is wrong. You can be a conscientious objector, but you cannot argue that your conscience is universal conscience and, therefore, from the particular to the universal, there must be a measure. - I am saying this philosophically - of personal restraint. So, hon. Members who say that ‘we do not believe in vaccination’ must understand that the whole community is looking to these Legislators for leadership. I can understand a person saying ‘I do not believe in its efficacy, but because of the supreme will of the collective body, I shall agree to being vaccinated’: that is the attitude I want from hon. Members, because we cannot resort to segregation as such. Here I have to bring to the notice of this august body that in Bezwada
last year the people who did not take vaccination came from the educated classes in our community - businessmen, lawyers etc. These are the people who object to vaccination and it is the same person who feels most unhappy if his daughter or his wife gets this scourge disease and the surface of her skin was to be completely ruined. Then, where would he get a good son-in-law for her? (LAUGHTER) Where is the son-in-law to come? Yet, it is the educated classes - the advocate and business man that are to-day objecting to being vaccinated. Therefore, I am very happy, Sir, that you have taken the lead in allowing this campaign to take place in Hyderabad and I request all hon. Members to take this vaccination. All the cards are ready, the personnel will be here and so please don’t object to being vaccinated. I want those who are not here also to make it a point to come - wherever he may be - and we will continue the vaccination till the 24th, if necessary. Let every hon. Member be here on that day: with his vote, let him also cast out the scourge disease from his family or his environment.

Thank you.

DEMAND No. XVIII—Medical - Rs. 4,38,01,900

Mr. Speaker : The question is:
To reduce the allotment of Rs. 4,38,01,900 for Medical by Re. 1

For non-opening of hospitals at every circle in the Andhra Pradesh.

To reduce the allotment of Rs. 4,38,01,900 for Medical by Re. 1

For non-supplying of medicines to the Medak district hospitals.

To reduce the allotment of Rs. 4,38,01,900 for Medical by Re. 1

For removing of medical store at Madras from Hyderabad.
To reduce the allotment of Rs. 4,38,01,900 for Medical by Re. 1

To criticise the failure of Government, in not appointing a doctor for Peddapur village hospital since 5 years.

To reduce the allotment of Rs. 4,38,01,900 for Medical by Rs. 100

For not appointing necessary staff at Jogipet maternity hospital.

To reduce the allotment of Rs. 4,38,01,900 for Medical by Rs. 100

For not electrifying the Jogipet Government Hospital.

To reduce the allotment of Rs. 4,38,01,900 for Medical by Re. 1

For not appointing necessary staff for primary health centre at Pulkal, Andole taluq.

To reduce the allotment of Rs. 4,38,01,900 for Medical by Re. 1

Non-stopping of work for sub-health centre at Mudinaik village, taluq Andole.

To reduce the allotment of Rs. 4,38,01,900 for Medical by Re. 1

For not replying of my registered letter No. 169 dated 9-9-59 to the Director, Medical Department.

To reduce the allotment of Rs. 4,38,01,900 for Medical by Re. 1

For not replying to my letter dated 20-1-60 which was received by the Secretary to Government Medical Department.

To reduce the allotment of Rs. 4,38,01,900 for Medical by Re. 1

For not replying to my letter dated 7-12-59 which has been received by the Health Minister.
To reduce the allotment of Rs. 4,38,01,900 for Medical by Rs. 100

For not opening a T. B. Hospital at every taluq headquarters of Andhra Pradesh.

The motions were negatived.

Mr. Speaker : The question is:

To reduce the allotment of Rs. 4,38,01,900 for Medical by Rs. 100

For the failure of the Government in not posting Doctors in all Hospitals.

To reduce the allotment of Rs. 4,38,01,900 for Medical by Rs. 100

For not providing adequate staff in Government Hospitals attached to Medical Colleges.

To reduce the allotment of Rs. 4,38,01,900 for Medical by Rs. 100

For not providing necessary Technical staff and equipment in Medical Colleges.

To reduce the allotment of Rs. 4,38,01,900 for Medical by Rs. 100

For not air-conditioning the operation theatres and children wards.

To reduce the allotment of Rs. 4,38,01,900 for Medical by Rs. 100

To criticise the Government for not providing quarters to Doctors and Nurses at Vizag, Guntur and Kurnool Headquarters Hospitals.

To reduce the allotment of Rs. 4,38,01,900 for Medical by Rs. 100

To criticise the Government for not opening a Hospital at Aragonda.

To reduce the allotment of Rs. 4,38,01,900 for Medical by Rs. 100

To criticise the Government for not increasing the beds in the T. B. Wards in Chittoor Headquarters Hospital and not admitting people other than N.G.Os.

The motions were negatived.
Mr. Speaker: The question is:

To reduce the allotment of Rs. 4,38,01,900 for Medical by Rs. 100

To draw attention to the need for improving conditions in Government Hospitals and to protect against the waste of public money on family planning.

The motion was negatived.

Mr. Speaker: The question is:

To reduce the allotment of Rs. 4,38,01,900 for Medical by Rs. 100

The motions were negatived.
Mr. Speaker: The question is:

To reduce the allotment of Rs. 4,38,01,900 for Medical by Rs. 100

The motions were negatived.

Mr. Speaker: The question is:

To reduce the allotment of Rs. 4,38,01,900 for Medical by Rs. 100

The motions were negatived.

DEMAND No. XIX—Public Health—Rs. 3,06,94,500

Mr. Speaker: The question is:

To reduce the allotment of Rs. 3,06,94,500 for Public Health by Re. 1

To point out that there are no T. B. Hospitals at Taluk Headquarters.
To reduce the allotment of Rs. 3,06,94,500 for Public Health by Re. 1

To point out that there is no staff at all at the Municipal Offices in Telangana to prevent the diseases.

The motions were negatived.

Mr. Speaker : The question is:

To reduce the allotment of Rs. 3,06,94,500 for Public Health by Rs. 100

For the failure of the officials in arresting the spread of cholera in the villages of Tirupathi in the early stages itself.

To reduce the allotment of Rs. 3,06,94,500 for Public Health by Rs. 100

For the failure of the Government to sanction a scheme of National Rural Water Supply to Bangaru-palem Estate in Chittoor District.

To reduce the allotment of Rs. 3,06,94,500 for Public Health by Rs. 100

For the failure of the Government in not providing adequate equipment and medicines in the Primary Health Centres.

To reduce the allotment of Rs. 3,06,94,500 for Public Health by Rs. 100

For not giving good publicity regarding the dangers of contagious diseases.

To reduce the allotment of Rs. 3,06,94,500 for Public Health by Rs. 100

For not providing protected water to all villages in the State.

The motions were negatived.

Mr. Speaker : The question is:

To reduce the allotment of Rs. 3,06,94,500 for Public Health by Rs. 100

మరియాత్మక అవకాశ పురాణాలు గానిస్తూ అమరినిదింది అనే విషయం
ప్రత్యేకించడానికి, మరియాత్మక పురాణాలను ప్రధాన విషయాలు చేసింది.
To reduce the allotment of Rs. 3,06,94,500 for Public Health by Rs. 100

The motions were negatived.

Mr. Speaker: The question is:

To reduce the allotment of Rs. 3,06,94,500 for Public Health by Rs. 100

The motion was negatived.

Mr. Speaker: The question is:

"That the Government be granted a sum not exceeding Rs. 4,38,01,900 under Demand No. XVIII - Medical."

The motion was adopted.

Mr. Speaker: The question is:

"That the Government be granted a sum not exceeding Rs. 3,06,94,500 under Demand No. XIX - Public Health."

The motion was adopted.
DEMAND No. XX—Agriculture - Rs. 3,13,92,500
DEMAND No. XLI—Capital Outlay on Schemes of Agricultural Improvement and Research - Rs. 93,30,000

Sri N. Ramachandra Reddi: Sir, on the recommendation of the Governor, I beg to move that the Government be granted a sum not exceeding Rs. 3,13,92,500 under Demand No. XX—Agriculture."

Mr. Speaker: Motion moved.

(Pause)

Sri N. Ramachandra Reddi: Sir, on the recommendation of the Governor, I beg to move:

"That the Government be granted a sum not exceeding Rs. 93,30,000 under Demand No. XLI—Capital Outlay on Schemes of Agricultural Improvement and Research."

Mr. Speaker: Motion moved.

Mr. Speaker: The House now stands adjourned till 8.30 A.M. on Monday, the 14th March, 1960.

The House then adjourned till Half Past Eight of the Clock on Monday, the 14th March, 1960.

*
APPENDIX

Mr. Speaker, the budget estimates for 1960-61 provide for a gross demand of Rs. 3,13,92,500 under revenue account on Agriculture as against its corresponding provision of Rs. 3,03,56,700 for 1959-60.

Andhra Pradesh is predominantly an Agricultural State and development of agriculture should therefore be a matter of our prime concern. The State has an exportable surplus in foodgrains. However, in view of our obligations for supplying rice to other deficit states and also by virtue of several agricultural resources which have to be developed for agro-industries, there is a greater need for increasing the production of food grains, and other commercial crops like oilseeds, sugar-cane, cotton, tobacco etc.

Before the Five Year Plans were started, we had "Grow More Food" schemes as a regular campaign, and the First Five Year Plan was virtually a continuation of the Grow More Food Schemes. In the Second Five Year Plan more emphasis was laid on industry in the national plan; but since agricultural production is the most important industry in our state, Andhra Pradesh retained her high priority to agriculture. During the Second Five Year Plan, it has been programmed to achieve an additional production of 16.43 lakh tons of foodgrains thereby raising the production level from 54.21 lakh tons in 1955-56 to 70.64 lakh tons in 1960-61. In the implementation of the production programmes of this plan, there have, however, been certain difficulties during early years of 1956-58 due to re-organisation of States, procedural delays etc. But in 1958-59 our achievement of additional production of foodgrains was 3.38 lakh tons, which has exceeded the original estimated figure. The lack of Foreign Exchange facilities for purchase of bulldozers and tractors necessary for land development and soil conservation, of power sprayers and dusters essential for extensive plant protection work, and short supply of chemical fertilizers for more yield had continued to be constant bottlenecks. Despite the shortcomings it is expected that the target of 3.58 lakh tons of additional foodgrain production during 1959-60 will be achieved. For 1960-61 an additional production of 5.49
lakh tons is envisaged. Apparently this is a higher target of the production, left over for the year, but I am happy to announce that the position is now more encouraging. A total foreign exchange of over Rs. 30 lakhs has been released in February, 1960 towards purchase of bulldozers and tractors and their spare parts, and Shri S. K. Patil, the Union Minister for Food & Agriculture during his recent visit to Hyderabad, promised more liberal supplies of Chemical fertilizers for 1960-61 (which is the last year of Second Plan) which would help to make good the previous deficits and achieve the plan targets. It is also the year, in which certain schemes of a preparatory nature for the Third Plan have to be put on ground. The year 1960-61 is, therefore, the link between the second and third plans, and our sustained efforts during this year will go a long way for improving the agricultural conditions during the Third Plan Period.

In addition to production of more foodgrains, our attention had also been focussed on the increase in production of sugarcane, cotton and oilseeds. During the First Five Year Plan the additional production of Sugarcane, in terms of raw sugar was 0.52 lakh tons while its target for the Second Five Year Plan period is 1.58 lakh tons. Similarly, while an additional production of 1.37 lakh tons of oilseeds had been achieved during the First Five Year Plan, the target of its production in the Second Plan Period is 1.73 lakh tons, and against an achievement of 0.17 lakh bales of cotton during the First Plan, the target during the Second Plan is 0.43 lakh bales. Much of the additional production targetted as above is proposed to be achieved by means of both intensive and extensive cultivation methods. It is in this context that the Agriculture department has to play a very important and vital role, both in increasing production and contributing increased national income. The Second Five Year Plan for agriculture of the State envisages a total outlay of Rs. 858.92 lakhs, which was revised to Rs. 734.55 lakhs. The actual expenditure during 1956—57, 1957—58 and 1958—59 was Rs. 49.64 lakhs, 102.21 lakhs and 125.75 lakhs respectively. The revised provision for 1959—60 is Rs. 196.71 lakhs. The plan schemes for 1960—61 account for a total outlay of Rs. 260.24 lakhs, and out of this the provision for plan schemes under the demand XX Agriculture for 1360—61
is Rs. 137.87 lakhs, as compared to a revised estimate of Rs. 109.86 lakhs for 1959—60.

Correspondingly the number of schemes in the flexible plan has also been on the increase from 39 in 1955—56 to 79 in 1956—57, 115 in 1958—59, 149 in 1959—60 and to 166 in 1960—61.

The activities of the agriculture department can be broadly classified into the following categories.

1. Research, 2. Education, 3. Extension, 4. Engineering, 5. Marketing and Ware Housing. Most of these activities are programmed for implementation under the Second Plan, while certain other schemes are outside the plan as normal activities of the department.

1. Research:

The agriculturist is often faced with a number of problems concerned with his soil, crop and season. The research officers in agriculture department investigate into all such problems, conduct trials in the research stations and pass on the results of their research to the extension wing of the department for putting through to the farmers. Since the conditions and eventual problems of the soil, climate and crop vary considerably from region to region in the State, it has become very necessary to establish regional research stations to deal with such local problems and today there are 58 such research stations including nurseries and other government farms spread all over the State. Research is, therefore, a continuous process and required to be given due attention at all times. Realising this need this State had given highest priority to research schemes in agriculture sector of the second plan by including a large number of research schemes and upgrading several research stations with necessary facilities for research being created.

In 1960-61 there are 21 new schemes of this nature at a total outlay of Rs. 11.88 lakhs, in addition to 145 continuing schemes. They include research on important crops of the State, providing additional research facilities at Research Stations, and development of commercial crops.

As a result of researches conducted by the department it has been possible to release large number
at the exploratory stations, set up at Burgampahad, Alampur and Warangal. Research on control of crop pests diseases, weeds etc. are also in progress.

2. Agricultural Education:

There are now two Agricultural Colleges in the State, one at Bapatla (Guntur District) and the other at Hyderabad. With the completion of the buildings and hostel accommodation at Rajendranagar, the shifting of Agricultural college from Osmania University campus to the new buildings at Rajendranagar was commenced in 1959—60 and it will be completed shortly. At present 144 students are admitted into the college at Bapatla and 96 at Hyderabad. Inspite of this enhanced provision for admission to 240 candidates each year, it is estimated that the department would still be short of agricultural graduates if all the Third Five Year Plan Schemes are to be implemented in time. To get over the shortage to more extent the Department has now actually employed two retired officials and some pure science graduates. Experienced fieldmen have also been promoted and placed in charge of state seed farms. In view of the continuing shortage, it is proposed to start a third agricultural college in Rayalaseema during the Third Five Year Plan. Research facilities have been enlarged and Post-graduate courses leading upto M. Sc., have been instituted at Bapatla. Facilities are also made available to M Sc. (Ag.) candidates to qualify for higher degrees of Ph. D., and D. Sc., at Andhra University, Waltair.

With a view to produce Agricultural Graduates etc. with a rural bias, Government have already taken a decision to start a Rural University at Rajendranagar and a Special Officer has been appointed during 1959 for formulating necessary proposals for starting the University. It is proposed to take further action regarding the starting of the College during 1960-61. The starting of this University will form a new development in the Field of Agricultural Education and it is hoped that with the establishment of the University it will be possible to produce graduates who will be suitable for appointment in the various Developmental Departments of this State.

At various Agricultural Research Stations the required strength of Kamgars and Fieldmen are trained
for Extension Work in Districts. Similarly tractor operators and sub-Assistants are trained in Agricultural Engineering Scheme Works. These schemes will be continued during 1960-61 also.

Farmers are trained in the running and upkeep of Oil-Engines, so that for all minor repairs and adjustments they need not run up to towns. They are also trained on the maintenance of fruit orchards and preservation of fruit and vegetables at Kodur and Hyderabad. Short refresher courses are already being conducted at Agricultural College, Bapatla and at Rajendranagar for a period of six months for training farmer’s sons in improved methods of cultivation. In addition to this it is also proposed to open an Agricultural School at the Agricultural Farm, Yemmiganur (Kurnool District) at a cost of Rs. 0.2 lakhs during 1960-61 to enable the farmers of this area to learn cultivation under irrigation condition. Such schools are proposed to be started even at Nandyal and Perur for the K. C. Canal and Upper Pennar project areas respectively during the Third Plan Period.

Thus Agricultural Education is imparted to students, Departmental staff and Farmers in the State at different levels and in different regions.

3. Extension:

The Department has built up an effective Extension Wing to convey the results of Research to the Farmers. The extension staff are primarily engaged in the implementation of the Five Year Plan Schemes, Crop production Campaigns and the Improvement of Agricultural in general. Almost for every 17 to 18 villages in the State there is an extension worker viz., a fieldman or Kamgar under adequate supervisory staff situated at various levels. In the block area the usual staff pattern with an Agricultural Extension Officer working in each samithi block assisted by 10 Village Level Workers is also functioning. In the non-block areas the Taluk Agricultural Assistant looks supervisors the work of the field staff. All these extension staff are in-charge of advice to Agriculturists on improved methods of cultivation and help in securing good seed, fertilisers, credit facilities etc., for the ryots and in the control of crop pests and diseases. Since improved seed is one of the early popularised items of
work with a high degree of returns, the ryots have practically taken to the use of improved varieties released by the Department. To meet the increasing demand for improved seeds, and to maintain the purity of seed to high degree it was felt very necessary to establish state seed farms and produce enough seed of the required improved varieties. The Government of India’s proposal to establish one seed farm in each Community Development Block has therefore been taken and it is proposed to establish 447 seed farms at the rate of one for each Community Development Block in Andhra Pradesh. So far 425 seed farms have been established and the rest will be completed during 1960—61. It is also very necessary that the seed produced is stored and made available to ryots very near to their village. With this object in view, arrangements are being made to construct one seed store in each of the National Extension Service Blocks and so far 160 seed stores have been constructed. The remaining 287 seed stores will also be completed during this year. It is further proposed to construct two more seed stores in each Samithi Block during 3rd Plan to make the seed and other agricultural requisites available within easy reach of cultivators.

4. Manures & Fertilizers

Manures and fertilizers are very important productive factors in improved agriculture. As a result of propaganda made by the Department in the recent years and by the issue of special loans etc., the farmers have now become higher fertilizer minded. In Andhra area, Ammonium Sulphate, Urea etc., are distributed through 405 depots of the Cooperative Societies. During 1960-61 it is proposed to distribute the following quantities of chemical fertilizers in Andhra Pradesh.

<table>
<thead>
<tr>
<th>Fertilizer</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ammonium sulphate</td>
<td>1,57,800 tons.</td>
</tr>
<tr>
<td>Urea</td>
<td>26,000 tons.</td>
</tr>
<tr>
<td>Ammonium Sulphate Nitrate</td>
<td>35,000 tons.</td>
</tr>
<tr>
<td>Calcium Ammonium Nitrate</td>
<td>13,000 tons.</td>
</tr>
</tbody>
</table>

Though our demand during 1959-60 was also quite heavy yet the Government of India have made only the following quantities available during 1959-60.

<table>
<thead>
<tr>
<th>Fertilizer</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ammonium Sulphate</td>
<td>86,000</td>
</tr>
<tr>
<td>Urea</td>
<td>20,762</td>
</tr>
</tbody>
</table>
Ammonium Sulphate Nitrate 13,600
Calcium Ammonium Nitrate 8,143

However the fertilizer position appears to have improved a little towards the end of this year and it is hoped that we will be in a better position to meet a major position of the growing demand of our State. The Hon’ble House is aware that the State Government have already taken a decision to set up a fertilizer factory at Kothagudem to ease the position and facilitate timely supply of fertilizers. But considering the task ahead of us in maintaining the soil fertility and augmenting crop yields, it is very necessary to develop local manural resources in the shape of town and village composts. A special scheme is in operation to train enthusiastic farmers from each block or samithi on the correct methods of compost making so that they form the nuclei of further information and demonstration on compost making in their own villages. Green manuring is an old established practice and people are taking to it with ease. But in certain areas which are recently reclaimed by bulldozers and tractors and where contour bunding has been taken up it is still necessary to popularise raising of green manure crops for replenishing the soil fertility. In certain other areas there is some difficulty in getting adequate quantities of green manure seeds to meet the requirements of cultivators. To get over these short comings there are schemes in operation to distribute green manure seeds at subsidised rates in Telangana and at full rates in Andhra area. Small packets of 4 oz., green manure seeds are also made available throughout the state with a view to make the ryots raise their own seeds and thereby become self sufficient for the same. The Forest Department is also permitting cultivators to take green leaf from forests on payment of a nominal fee. Taccavi loans are granted in Andhra area for the purchase of green manure seeds and manures.

5. Crop Competitions:

One of the important methods sponsored by the Department for increasing agricultural production is the organisation of crop competitions which was originally conceived by the Government of India in 1950-51 as a part of Grow More Food Campaign. In Andhra Pradesh crop competitions are now hold in respect of
paddy, jowary, groundnut and sugarcane. It is extremely happy to note that during 1958-59 a farmer of Krishna district achieved the highest acre yield of 150-50 tons of Sugarcane, for which he was recently awarded the All India Prize by the Prime Minister at Delhi. There are fruit growers who won championship at All India shows in the recent years bringing reputation to Andhra Pradesh. In this connection mention may be made of Anab-e-Shahi grape, which has won a reputation for Hyderabad and also appreciation from dignitaries of other countries. A larger number of Anab-e-Shahi cuttings have been under regular distribution to several growers of our state and even outsiders. A research scheme on Anab-e-Shahi was recently started and will continue during 1960-61. During the 3rd plan an ambitious scheme is also being proposed to extend the areas in Andhra Pradesh under Anab-e-Shahi with suitable subsidy to the intending growers. Cashewnut is another important crop of Andhra Pradesh which earns valuable foreign exchange. At present this crop is under cultivation only in certain coastal districts. With the idea of increasing its area and also improving the crop yields special loans are being given to the cultivators. Similar for the development of orchards like citrus, guava, etc., there are credit facilities with long and short-term loans given to the growers. Kitchen gardens in and around the twin cities of Hyderabad and Secunderabad are being encouraged and special staff are at work giving ready guidance and assistance. Preliminary studies for development of kitchen gardens in the newly growing township of Nagarjunasagar is proposed to be conducted in 1960-61 preparatory to 3rd Plan schemes.

6. Agro Industries:

The current progress in Agricultural Research and Extension Programmes favoured the enlargement of agro industries like sugar factories, oil expellers and cotton mills. The Department itself has successfully established a fruit preservation factory at Kodur and the fruit products produced there in are of good quality and in large demand. This programme will be intensified. There are even schemes proposed in 3rd plan to start small scale fruit preservation factories and two cold storage plants in Andhra Pradesh.
7. **Plant Protection**:

We are fully aware that inspite of all efforts made in supplying the cultivators with improved varieties of seed, fertilizers, credit facilities on easy terms and free advice, it often happens that the crops are subjected to pests and diseases. Though the department can visualise the incidence of such pests and disease and adopt certain protection measures like pre-treatment of seeds, spraying on nurseries etc., the pests and diseases do appear and cause a considerable damage to crops and reduce yields if they are not checked in time. A vigilant and extensive organisation for plant protection work is therefore very imminent. Precautions are being taken to increase the provision of plant protection equipment and sale of pesticides etc., to the cultivators. The present stock of plant protection equipment in the state is 73 power sprayers, 7 power dusters, 2,968 hand sprayers and 2,997 hand dusters. It is proposed to purchase more equipment to an extent of Rs. 1.82 lakhs during 1960-61. The Government have also sanctioned a scheme worth Rs. 90,000 for supply of 500 hand sprayers and dusters to cultivators at 50% subsidised price. This would enable small cultivators to own their own plant protection equipment and deal with crop pests and diseases in time. Arrangements are also made to stock pesticides and fungicides to the tune of Rs. 10 lakhs a year for sale distribution to cultivators. Realising the need for expeditious action in the matter of plant protection, Government have provided 4 plant protection vans, which are fully equipped with the necessary dusters, sprayers and chemicals. These vans are located at Hyderabad, Kakinada, Bapatla and Cuddapah. As this work is gaining popularity in the state, provision for 3 more vans and additional plant protection officers etc., and other staff is also made in the Third Plan.

8. **Improved Agricultural Practices**:

The most important improvement of rice cultivation which has gained immense popularity during the recent years is the Japanese method of paddy cultivation. It is a combination of several improvements at all stages of rice crop. It has already covered an area of 17 lakhs of acres in the state by 1959-60 and it is proposed to cover an additional area of 5½ lakhs acres
during 1960-61. To intensify the various G. M. F. schemes, the kharif and rabi food production campaigns have been started and they have a special significance in our efforts to increase food production. The primary object of these campaigns is to make all the facilities available close at hand to the agriculturists and also to grant loans to small cultivators and supply their requisites in the villages to the extent necessary.

9. Agricultural Engineering :

Agricultural Engineering is a very important branch of the Agriculture department and in charge of land reclamation, soil conservation, well boring and increasing of irrigation facilities by the provision of oil engines and electric motor pumpsets, sinking of filter point tube wells.

(i) Land Reclamation: Under the land development or reclamation schemes, the department is carrying out (a) levelling of land under irrigation projects especially in Tungabhadra and Nizamsagar projects, and (b) reclamation of weed infested lands and scrub jungles. The Dept., is having 118 machines of horse power ranging from 60 to 120. But out of these 118 machines, only 60 machines are in working condition and the rest are under repairs. To replace the old and unserviceable machinery persistent efforts have been made to obtain foreign exchange and Government of India have been recently pleased to release foreign exchange worth 30.8 lakhs for purchase of new machinery and spare parts for old machinery. It is hoped that within the next few months the machinery and spare parts can be made available and full complement of tractor units will go into operation.

With the available machinery it has not been possible to meet the demands of all the districts, due to short number of working machines available with the department. Further, the machines have to lose much of their time in mere transport for handling work in scattered places. This long distance movement on the roads caused considerable damage to the machines also. Keeping the above facts in view, Government have recently decided to work these machines in units taking one taluka of a district in each year for intensive work. As per this procedure, the Zilla Parishadas will indicate
the taluk for such operation and the department will execute the works.

(ii) Soil Conservation: Another important item for which provision has been made under agricultural engineering is soil conservation. The process of soil conservation is fundamentally related to the control of soil erosion, the restoration of soil fertility, the maintenance of soil in a state of stability, and maximum use of rain water where it falls. Contour bunding and adoption of suitable follow up machines are important aspects of the scheme connected with soil conservation. During the second plan period there are 18 schemes for Andhra Pradesh at a total cost of Rs. 71.62 lakhs under the revised provision. In 1959-60 there was increased activity of soil conservation with an outlay of Rs. 25 lakhs to cover over 19,000 acres and the same will be stepped up in 1960-61 with a provision of Rs. 30.3 lakhs to cover 50,000 acres.

The soil conservation works are in progress particularly at the Machkund basin in Visakhapatnam and Annathapur districts of Andhra area and in all Telangana districts.

Another important feature of soil conservation in 1959-60 was the layout of large scale demonstration projects. Under these schemes a complete catchment of 1,000 acres is selected and all soil conservation measures in appropriate combinations like erosion, control, fertilization, are demonstrated to convince the cultivators on the potentialities of the combination of practices in dry farming. During 1959-60 there were 3 such projects out of which two are Centrally sponsored Schemes, and the third one a State Scheme. They are located at Royachoti (Cuddapah Dist) Kothur on Mahabubnagar Road and Kanakamandi on Vikarabad Road. In 1960-61 these 3 schemes will be continued, and 2 more centrally sponsored projects will be implemented.

The task of soil conservation should receive adequate attention of both the individual farmer and the village community. Suitable legislation is under consideration of the State defining the role of land owners in respect of contour bunding and their maintenance, so that the benefits of contour bunding are shared by the community as a whole.
10. Irrigation Facilities:

While the P. W. D. are in charge of flow irrigation Schemes, the Department of Agriculture is operating the schemes for utilisation of groundwater. Under this programme the Department is issuing loans for the purchase of oil engines and electrical pumpsets under hire purchase system. Each year an amount of Rs. 8 lakhs is provided for the purpose in Andhra Districts but due to increased demand from the cultivators an enhanced provision of Rs. 12.10 lakhs has been made during 1960-61. There is a special scheme of financial help to the cultivators by loans for sinking of new wells and repairs to old wells in Telangana area. There is a belt of ground water at shallow depth in the coastal districts of East and West Godavari, Krishna and Nellore. These ground water resources are tapped by means of filter point tube wells and for this purpose a provision of Rs. 3½ lakhs is made during 1960-61 towards grant of loans to the cultivators for the water lifting appliances from the filter points. There is also another scheme for hiring of power drills and pumping sets to sink tubewells. The Department of Agriculture is having 24 power drills and 92 hand pumping sets. Government of India under the exploratory tube-well organisation have sunk 15 tube wells upto depths of 300—400 feet and demonstrated that considerable ground water is available. Of these, 11 have proved successful and the department is taking action for utilisation of water from these tube wells. Such tube well programme will continue in 1960-61. There is a special zone of artisina springs in Godavary Districts where the water bed can be tapped by putting down artisan wells and for this purpose a provision of Rs. 2.10 lakhs has been made in 1960-61.

11. Marketing:

The end point of any effort in Agricultural production is the realisation of a profitable price, and a good market. This has been sought to be achieved through the starting of various regulated markets in the State. Hyderabad was the first to pass the Hyderabad Agricultural Market Act in 1930 followed by other states including Madras which passed the Madras Commercial Crop Markets Act 1933. There are at present 78 regulated markets in Andhra Pradesh and
the volume of transactions on these regulated markets
is estimated to be about 12 lakh tons a year valued at
Rs 60 crores.

It is proposed to bring out a new Marketing Act
incorporating the existing marketing laws in both
Andhra and Telangana areas which when finalised will
cover more crops etc., in the Andhra area including
livestock, fruits and vegetables. This integrated act
has been under examination and it will be presented to
the Assembly during the next session. In the Andhra
area the market committees offer facilities for temporary
storage of products left unsold at the end of the
day's transactions and to provide such storage facilities
a scheme for the construction of godowns in Guntur
District for tobacco was included in the Second Five
Year Plan. Under this scheme, an amount of Rs. 9 00
lakhs has been sanctioned as loan to the Guntur Market
Committee by the end of 1959-60 and another Rs 5-00
lakhs are provided for 1960-61. Another important
means of ensuring better prices to the farmer is grading
of agricultural produce which merely means the separation
and classification of commodity according to its quality.
To facilitate grading of Agricultural produce,
the agricultural grading and Agricultural Market Act
was enacted in 1937 and standard 'Agmark' specification
were drawn up for a number of commodities like rice,
jagary, fruits, ghee, eggs tobacco etc. There are over 200
authorised packers for grading of Virginia Tobacco and
annually 33,000 Imperial Munds of Ghee; 100 million
pounds of virginia tobacco, 1,753 bags of rice, 150 bales
of cotton and 33,000 eggs are graded in the State. A
new scheme at a cost of Rs. 0.05 lakhs was proposed
during 1960-61 for "ghee grading and marketing establish­ment of state owned laboratories." Most of the cultivators are not aware of the ruling market prices and
very often they part with their produce in the villages and other markets at considerably low prices. The
ruling market prices of the day on important commodities are collected every day and forwarded for broadcast through All India Radio of Hyderabad and Vijayawada. The same information is also made available at the market committees.

12. Warehousing:

To provide financial assistance and facilities for scientific storage, the Andhra Pradesh Ware Housing
Corporation was inaugurated on 5th September 1958 in the State at Hyderabad as its headquarters with an authorised capital of one crore of rupees and a paid up capital of 5 lakhs of rupees subscribed equally by the central were housing corporation and the State Govt. The corporation has formulated a programme of opening warehouses. Eight warehouses have been already started in rented godowns at Cuddapah, Amadalavalasa, Vijianagaram, Jadcherla, Nellore, Suryapet, Tadpatri and Peddapalli and 3 more were proposed to be started in March 1960 at Narsaraopet, Kurnool and Hindupur. In 1960-61 it is proposed to start warehouses in eight more centres at an outlay of Rs. 10 lakhs to be shared equally by the State and Central Governments so that by the end of the second plan period there will be 19 warehouses. In the third plan 20 warehouse centres are proposed to be opened.

13. Rural Indebtedness and Relief Measures:

Government are aware of the hard situation in which the cultivators are placed in obtaining adequate credit facilities in villages for ensuring successfully agricultural operations. The Central and State Governments have been trying to remedy this state of affairs as quickly as possible consistent with the resources available but the magnitude of the task is such that we have not been able to touch the fringe of the problem. According to the report of the All India Rural Credit Survey Committee, it is estimated that crops have supplied only 3% of the total borrowings of the agriculturists in the country and the Government are equally insignificant proportion. Though the position is much better in our State our cultivators have therefore to depend on private agencies like money lenders and traders of their locality, the major portion of their credit at high rates of interest and unauthorised deductions. The rural credit survey committee came to the conclusion that despite its previous record of inadequacy, cooperation must succeed and the conditions for that success must be created. To that end the Committee made several recommendations one of which was the establishment of a net work of warehouses and godowns with the main object of helping the grower in the orderly marketing of agricultural produce. I have already indicated how the warehousing actives are progressing in Andhra Pradesh. It is hoped that with the expansion
of warehousing activities there will be some relief to
the growers

Inspite of the above facility most of the agri­
culturists have to obtain loans for meeting their require­ments of seeds, fertilizers, pesticides and other agricul­
tural requisites and also to meet the cost of cultivation. They ordinarily obtain loans from the money lenders in
the villages at abnormal rates of interest with a view to
attend to the agricultural operations in proper time. While co-operatives are making credit facilities availa­
ble to some extent as already indicated, the Agriculture
Department is also issuing loans for the following items
subject th the limit indicated against each :

<table>
<thead>
<tr>
<th>Particulars</th>
<th>Maximum loan permissible to an individual</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Seeds and Manures</td>
<td>Rs. 120</td>
</tr>
<tr>
<td>2. Purchase of Chemical fertilizers under Intensive Manuring Scheme</td>
<td>Rs. 500</td>
</tr>
<tr>
<td>3. Purchase of improved implements</td>
<td>Rs. 100</td>
</tr>
<tr>
<td>4. Purchase of oil engines and electric motors &amp; pump sets</td>
<td>Ra. 4000 Oil engine</td>
</tr>
<tr>
<td>5. Purchase of tractors under Hire Purchase System</td>
<td>Rs. 16,000</td>
</tr>
<tr>
<td>6. Sinking of filterpoint and supplying of oil engine or electric motor</td>
<td>Rs. 2,500</td>
</tr>
<tr>
<td>7. Sinking of new wells and repairs to old wells</td>
<td>Rs. 2,500 per new well</td>
</tr>
</tbody>
</table>

For the items mentioned above a total provision of Rs. 147.30 lakhs is made in the annual budget for 1960-61.

<table>
<thead>
<tr>
<th>Plan schemes</th>
<th>... 35.30 lakhs</th>
<th>Non Plan</th>
<th>... 96.00 lakhs</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Plan schemes</td>
<td>non Plan schemes fertilisers</td>
<td>16.00 lakhs for seeds and manures non plan</td>
</tr>
</tbody>
</table>

Total 147.30 lakhs.